MORE THAN NUMBERS

NGO adult mental health and addiction workforce

2018 survey of secondary care health services

Te Pou o te Whakaaro Nui

Matua Raki
National Addiction Workforce Development

The *More than numbers* project aims to collate, analyse and publish information about the New Zealand workforce delivering mental health and addiction services to adults (people aged 18 years and older).

The 2018 series of *More than numbers* reports provide information about the workforce delivering secondary care AOD services and mental health services in NGOs, DHBs, and across both providers. More information and reports are available from the Te Pou website.

Published in September 2018 by Te Pou o te Whakaaro Nui

Te Pou o te Whakaaro Nui is a national centre of evidence-based workforce development for the mental health, addiction and disability sectors in New Zealand.

PO Box 108-244, Symonds St, Auckland, New Zealand.

ISBN 978-1-98-855109-8

Web www.tepou.co.nz

Email info@tepou.co.nz

Recommended citation:
Te Pou o te Whakaaro Nui. (2018). *NGO adult mental health and addiction workforce: 2018 survey of secondary care health services*. Auckland: Te Pou o te Whakaaro Nui.

Acknowledgements

This report has been written by Te Pou o te Whakaaro Nui (Te Pou). The author of the report is Joanne Richdale (PhD). The project team supporting design and implementation of the survey, its analysis and reporting included Angela Jury (PhD), Charito Tuason, Jennifer Lai, Paul Hanton and Rachel Kapeli. Peer review was provided by Caro Swanson and Suzy Morrison.

We thank and acknowledge Emeritus Professor David Fergusson, Apollo Taito (Le Va), Maria Baker (Te Rau Matatini), Marion Blake (Platform Trust) and Phillipa Gaines (Lattice Consulting), who advised on the survey design or content. We also thank Marion and Phillipa for their peer review of this report.

Te Pou and Matua Raki acknowledge and appreciate the contribution of all the people who completed the NGO workforce survey.

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Executive summary

Mental health and addiction services are delivered by a range of providers across multiple government sectors, including health, social services, justice and corrections. Within the health sector, secondary care mental health and addiction services are delivered by district health board (DHB) provider arm services and contracted out to non-government organisations (NGOs).

NGOs have an important role to play in realising key health sector goals for mental health and addiction services (Platform Trust & Te Pou o te Whakaaro Nui, 2015). This includes increasing community-based service delivery to people with mild to moderate health needs, as well as working with DHBs to support people whose needs are more complex.

Strategic workforce planning and development can support the changes needed to meet health sector goals for mental health and addiction service delivery. To facilitate planning and development activities, a good understanding of the size and composition of the current NGO mental health and addiction workforce and trends over time like turnover, is required.

This report supports workforce planning and development by describing the 2018 workforce in NGO secondary care mental health and addiction services delivering to people aged 18 years and older. The NGO workforce is estimated for size, composition, and turnover locally, regionally and nationally; comparisons to health contract funding, population and people seen by NGO services are included, along with a discussion of changes since 2014.

Method

An online survey of NGOs holding 2016/17 health contracts for alcohol and other drug (AOD) service delivery and mental health service delivery was conducted in 2018. Health contract information was used to help estimate the size of the workforce in all contracted NGOs.

Results

Overall, 105 NGOs (45 per cent) provided workforce information to the survey (reflecting 69 per cent of the value of all health contracts held by NGOs).

The total workforce in all health contracted NGOs is estimated to be 4,158 full-time equivalent (FTE) positions, employed and vacant. The reported vacancy rate was 5 per cent. Twenty per cent of the estimated workforce provided AOD services (814 FTEs), and 80 per cent provided mental health services (3,344 FTEs). Vacancy rates in the AOD and mental health workforces were 6 and 4 per cent respectively.

Nearly two-thirds (64 per cent) of the mental health and addiction workforce was in non-clinical roles, clinical roles comprised just under 22 per cent and around 15 per cent were administration and management roles. Support workers represented the largest workforce (55 per cent), peer support workers represented 9 per cent, and *dapaanz* registered professionals 8 per cent.

The structure of the AOD workforce differed from mental health. Clinical roles comprised more than half (58 per cent) of the AOD workforce, and most of these roles were *dapaanz* registered professionals and other allied health roles. In contrast, clinical roles comprised around 13 per cent of the mental health workforce. Most of the mental health workforce was in non-clinical roles including support workers (63 per cent) and peer support workers (9 per cent).

There was minimal growth in the mental health and addiction workforce over the past year of 0.1 per cent. Mental health and addiction workforce turnover was high at 23 per cent of the workforce. Internal reconfiguration of the workforce appears to be underway, based on evidence that peer support worker and *dapaanz* registered professionals were recruited at higher rates than resignations. The opposite occurred for support workers and nurses, with an apparent reduction over the past year.

Respondents noted difficulties recruiting *dapaanz* registered professionals, support workers, nurses, and social workers. Issues identified as contributing to recruitment difficulties included increased competition from other sectors for both clinical and non-clinical roles; lack of available workforce with the right values, attitudes and skills; and inability to compete with DHB pay scales.

Professional development to advanced career pathways and clinical supervision were provided by NGOs. Comments indicated these activities needed to be cost effective due to funding constraints. There were few advanced peer workforce roles reported (43 FTEs). The peer leader or advisor role was the most common (27 FTEs), followed by peer trainer or educator (14 FTEs). A small number of respondents indicated their organisation planned to implement these roles in the future, along with peer supervisors.

Discussion

NGO service delivery over the past 4 years has occurred in the context of fiscal constraint and increasing demand. NGOs' health contract income has only kept pace with population growth, however there was no accommodation for wage inflation (10 per cent over the 4 years from 2014). The number of people seen by NGOs has increased by 26 per cent over the same period. This raises questions about the pressures being experienced by the NGO workforce and the long-term implications for ensuring workforce sustainability, and the effectiveness of services over time.

There is evidence that the contribution of the health sector to NGO mental health and addiction service delivery is decreasing relative to other sectors. Compared to 2014, more NGOs are contracted by other government sectors to deliver these services, and the average contribution of health contracts to organisation income has decreased slightly from 83 per cent in 2014 to 80 per cent in 2018.

In this constrained environment, the size of the NGO workforce has grown by 7 per cent since 2014. Some internal reconfiguration of the workforce has occurred. Specific roles like peer support workers have grown substantially in size between 2014 and 2018, reflecting the importance of this workforce in current health policy. Workforce turnover for the past year shows recent growth in the

workforce for *dapaanz* registered practitioners, peer support (consumer and service user) workers and other allied health roles; and reduction in the number of nursing and support worker roles. The extent to which these changes are due to recruitment pressures or encouraged by policy is not clear from the survey.

Limitations

The survey was limited to the NGO workforce delivering health contracted secondary care AOD and mental health services for adults. This is a portion of the total workforce delivering mental health and addiction services across the country. Other services were outside the scope of this survey such as child and adolescent, primary care and forensic mental health services, and services contracted by other government services such as the Department of Corrections and the Ministries of Justice and Social Development.

The 2018 workforce estimates are based on responses from 45 per cent of 232 invited NGOs. The workforce in non-participant NGOs may differ from those who completed the survey, particularly those with health contracts valued at less than $500,000 given their low response rate. This may have also impacted the estimated workforce growth between 2014 and 2018.

Changes made to the 2018 survey questionnaire, estimation method and the lower response rate compared to 2014, mean that 2018 figures are not directly comparable to 2014. It is likely that the actual growth in the AOD workforce between 2014 and 2018 is around 4 to 5 per cent overall.

The survey did not capture details about some smaller workforce roles, such as cultural advice and support roles. The size of this workforce is included in larger groups like support workers. Other research currently underway among the workforce centres will support a better understanding of cultural roles and cultural competence in the workforce.

Organisation infrastructure administration and management roles may be overestimated given the survey design. Future surveys should review how this information is best collected.

Concluding comments

NGOs delivering secondary care adult mental health and addiction services are seeing more people than ever before. The value of health contracts has kept pace with population growth, but not with wage inflation nor the additional costs associated with delivering services to more people. This situation has been reflected in limited growth of the workforce delivering adult AOD and mental health services.

In 2018, issues previously identified in 2014 such as static funding, skills shortages, and competition for health workers have been compounded by competition for workforce from other sectors and the recent pay equity settlement for aged care and disability support workers. These findings raise concerns about the long-term sustainability of NGO services, the wellbeing of their workforce and effectiveness of services.

Going forward, the information collected by the 2018 NGO workforce survey can support workforce planning and development for NGOs. These activities need to occur across multiple levels of the health system, ranging from individual organisations and their networks and collectives, to the infrastructure supporting NGO service delivery through locality-based service contracts and the development of national policy and strategy.

Background

Mental health and addiction services are provided by district health boards (DHBs) and non-government organisations (NGOs), as well as by primary healthcare organisations (PHOs) and other services such as schools, prisons, and social services. These services are funded by a range of government sectors including the Ministries of Health, Social Development, Justice, and the Department of Corrections. Services may also be funded privately or provided in philanthropic organisations.

Within the health sector, secondary care mental health and addiction services are delivered by the DHB provider arm and also contracted out to NGOs. NGOs have an important role to play in realising key health sector goals for mental health and addiction (Platform Trust & Te Pou o te Whakaaro Nui, 2015). These goals are outlined in *Rising to the challenge: The mental health and addiction service development plan 2012-2017* (Ministry of Health, 2012) and the *New Zealand health strategy* (Minister of Health, 2016). They include increasing the availability of people-centred services delivered in the community, addressing currently unmet needs earlier in the life course and at lower levels of intensity.

The forthcoming report of the 2018 Government Inquiry into Mental Health and Addiction will help to assess progress towards meeting those goals and the further actions needed.

NGOs are ideally positioned to increase the delivery of mental health and addiction services. Being grounded in local communities, NGOs are able to identify and respond to mental health and addiction needs in the population. They are an important point of entry into the health system for people with mild to moderate health needs, as well as working with DHBs to support people with more complex needs.

Increasing access to mental health and addiction services requires changes to service delivery models, and to the size, composition and capabilities of the workforce – both within health sector providers and across their relationships with other sectors. Strategic workforce planning and development can support those changes. To facilitate planning and development activities, a good understanding is needed of the size and composition of the current mental health and addiction workforce and trends over time, like staff turnover.

This report describes the 2018 workforce in NGOs contracted by DHBs and the Ministry of Health to deliver alcohol and other drug (AOD) and mental health services to adults (people aged 18 years and older). The information provided is based on a survey of health sector NGOs conducted by Te Pou o te Whakaaro Nui (Te Pou) and Matua Raki. The NGO workforce is estimated for size, composition, and turnover locally, regionally and nationally; comparisons to health contract funding, population and people seen by NGO services are included, along with discussion of changes since 2014.

About the *More than numbers* project

In 2014, Te Pou and Matua Raki implemented the *More than numbers* project to bring together information about the workforce in the DHB provider arm and health contracted (also called Vote Health funded) NGOs delivering secondary care adult mental health and addiction services.[1] The purpose was to provide the aggregated workforce information required for successful workforce planning and development.

The workforce planning process uses information about the current workforce size and profile, as well as its inflows and outflows, to anticipate its future supply (Te Pou o te Whakaaro Nui, 2017a). This information supports identifying priority areas so that workforce development activities are targeted to ensure that the workforce is best able to deliver future services (Te Pou o te Whakaaro Nui, 2017b).

2018 *More than numbers* project

In 2018, the *More than numbers* project focused on closing gaps in existing workforce information. Since 2014, information about the mental health and addiction services' workforce has become available from a number of different sources.

1. Information about people employed in the DHB provider arm mental health and addiction services is now available through the Health Workforce Information Programme (HWIP) data collection.
2. Government ministries have collected information about mental health and addiction support workers from NGOs to support extension of the recent pay equity settlement to this group.
3. Te Rau Matatini has surveyed the Māori health workforce.
4. Werry Workforce Whāraurau continues to produce a biannual stocktake of the workforce in health contracted NGOs delivering child and adolescent mental health and addiction services.
5. Te Pou launched the Real Skills online self-assessment tool, which provides aggregated information about workforce capabilities and development needs.

Key activities in the 2018 *More than numbers* project are as follows.

- A survey of the workforce in health contracted NGOs delivering adult mental health and addiction services.
- Collation and analysis of information about the DHB adult mental health and addiction workforce.
- Compilation of NGO and DHB workforce information for adult services.

This report describes the estimated workforce in NGOs with health contracts to deliver adult mental health and addiction services, including workforce size, composition and staff turnover. Other reports in the 2018 *More than numbers* series will combine this information with other sources, such as the HWIP information about DHB employees, to understand the secondary care adult mental

[1] The previous 2014 survey generated a series of reports and infographics, available from the Te Pou website.

health and addiction workforce across both providers. A map to those reports is provided on the Te Pou website.

Definitions

Workforce role definitions

In 2018, there were over 200 NGOs delivering on health contracts for adult AOD and mental health services. Each NGO has their own approach to role names, job descriptions, and service delivery or models of care. Collecting useful information about this diverse workforce for workforce planning and development locally, regionally and nationally requires a standardised approach to role definitions. Standardisation enables workforce comparisons across different providers and levels of planning, eg regionally and nationally. Consequently, for the purposes of this report the mental health and addiction workforce is organised within the roles and groups outlined in Table 1.

Table 1. *Mental health and addiction workforce roles and groups for this report*

Role/group	Description
Non-clinical roles	**Roles that do not require a clinically-focused qualification or health professional registration**
Peer support (consumer and service user) workers	Role filled by a person with lived experience of addiction or mental distress and recovery who works alongside individuals or groups to nurture hope and personal power, and to inspire them to move forward in their lives.
Peer support (family and whānau) workers	Role filled by a person with lived experience of supporting a whānau member, who provides support to other whānau who have a loved one experiencing mental health issues or addiction.
Support workers (all others)	All other direct service delivery non-clinical roles providing support to people who have mental health issues or addiction and their whānau. Role titles might include community support worker; residential support worker; cultural support worker; kaiāwhina; healthcare assistant; employment worker; family support worker. This group can include *dapaanz* members who do not hold an allied health, nursing or other clinical qualification.
Clinical roles	**Roles requiring clinically-focused qualification that may require registration with an appropriate professional body**
Allied health roles	
Social workers	Social professionals who provide social work support and are registered with the New Zealand Social Workers' Registration Board.
Occupational therapists	Health professionals providing occupational therapy who are registered with the Occupational Therapy Board of New Zealand.
Psychologists	Psychological professionals registered with the New Zealand Psychologists Board, including clinical psychologists, educational, organisational psychologists and other psychologists.
dapaanz registered health professionals	Social and health professionals registered or endorsed with *dapaanz* for provision of addiction treatment.

Role/group	Description
Other allied health roles	Other allied health professionals not covered above eg counsellors, therapists, psychotherapists, educators, and trainers.
Other clinical roles	
Nurses	Nurses registered with the Nursing Council of New Zealand including registered nurses, nurse practitioners, nurse specialists, nurse educators and enrolled nurses.
Medical practitioners	Registered medical professionals across all specialisms eg general practitioners, psychiatrists, psychiatric registrars, medical officer special scale.
Other clinical roles	Clinical roles in direct service delivery that are not able to be allocated to any of the preceding categories eg service coordinators, needs assessment coordinators, clinical liaison.
Administration & management roles	
Administration, business, and technical support roles	Dedicated administration, business and technical roles that are not directly involved in mental health and addiction treatment and support. Role titles might include administrator, receptionist, IT specialist, cook, cleaner, housekeeper, driver, security guard.
Service managers and team leaders	Dedicated team leaders and service managers who provide direct line management to the workforce.
Peer leader or advisor	Lived experience roles providing operational and strategic advice on peer values and recovery principles to ensure the voices and experiences of people who access services influence organisation development and direction.
Peer supervisor	Lived experience roles that provide supervision to peer support workers to review practice and support the worker's development in their role.
Peer trainer or educator	Lived experience roles that develop and deliver training and education to the mental health and addiction workforce, people who access services and their whānau.
Peer researcher or evaluator	Researchers and evaluators with lived experience of addiction or mental health issues.

Other definitions

Adults are people aged 18 years and older, including older adults aged 65 years and older.

Health contracts are agreements between DHBs (or the Ministry of Health) and NGOs, contracting NGOs to deliver AOD or mental health services.

Health sector is the system of services funded by Vote Health, excluding services funded by other government ministries and departments.

Mental health and addiction services, for the purposes of this report, are AOD services and mental health services.

Mental health and addiction workforce is the NGO workforce delivering AOD and/or mental health services contracted by DHBs or the Ministry of Health.

Organisation infrastructure roles are administration and management roles that provide the oversight and support needed for an NGO to deliver a range of services (mental health and addiction and others) but are not directly engaged in supporting mental health and addiction service delivery, eg chief executive officer, finance manager, payroll staff and IT support.

Primary care is the provision of first point of contact services by general practice teams, school-based health services, and other community health services provided by NGOs (Ministry of Health, 2012).

Secondary care is the provision of specialist services by DHBs and health contracted NGOs, most often accessed by people following referral from primary care providers.

Aims and objectives

The purpose of the 2018 *More than numbers* NGO workforce survey is to collect information about the workforce in health contracted NGOs delivering secondary care AOD and/or mental health services to adults. The results are intended to inform future workforce planning and development activities locally, regionally, and nationally.

The survey aimed to:

- profile the organisation size and funding of these NGOs
- collect workforce information from NGOs to enable an estimate of the size, composition and turnover of the NGO workforce delivering services
- understand changes in the workforce size and composition over time and identify the status of priority groups such as dedicated peer roles.

Method

The survey method was adapted from the previous 2014 *More than numbers* organisation workforce survey of adult mental health and addiction services. This was informed by the Werry Workforce Whāraurau survey method for its biannual survey of child and adolescent mental health and addiction services (The Werry Centre, 2015; Werry Workforce Whāraurau, 2017).

Scope

The 2018 *More than numbers* NGO workforce survey scope included NGOs holding health contracts for delivery of secondary care adult AOD services, mental health services, or both services during the year ended 30 June 2017. The workforce delivering on child and adolescent services, primary mental health initiatives, aged care, problem gambling and forensic mental health services were excluded from the survey, as was the workforce delivering on mental health and addiction contracts with other government sectors such as the Ministries of Social Development and Justice, and Department of Corrections.

Participants

Survey participants were identified from health contract information supplied by the Ministry of Health. This information was screened to exclude services outside the survey scope.

In total, 232 NGOs were invited to participate in the survey. These included:

- 74 NGOs with DHB or Ministry of Health contracts for AOD service delivery
- 202 NGOs with DHB or Ministry of Health contracts for mental health service delivery.

Questionnaire

The 2014 *More than numbers* organisation workforce survey questionnaire was modified to collect useful and relevant information about the NGO workforce; see Appendix A.

Data collection

The Ministry of Health provided health contract information. All NGO contract managers and the CEOs of 25 large organisations were notified about the survey by email.

The survey was administered using CheckBox. The survey link was emailed to participants and the data collection period ran from 2 May to 8 June 2018. Participants could complete a paper copy if requested.

Measures

Full-time equivalent (FTE) positions

Survey respondents were asked to provide information about the number of full-time equivalent (FTE) positions in their workforce based on the total number of hours worked per week, divided by 40 hours.

FTEs employed and vacant

The number of FTE positions employed plus the number of FTE positions vacant.

Services

Workforce information was allocated to either AOD services or mental health services based on information provided by respondents.

DHB-locality of service provision

Workforce information was attributed to a DHB-locality, a region or nationally, based upon the following criteria.

- Workforce in service delivery roles was allocated to the DHB-locality nominated by the respondent.
- Workforce funded by Ministry of Health contracts, and advanced peer workforce roles was allocated to the DHB-locality described by the respondent, or in a national role category if more than one DHB-locality was specified.[2]

Workforce-size groups

NGOs were allocated to one of four workforce-size groups, based on a scale revised from the *NgOIT workforce survey* (Platform Trust, 2005). The 2018 workforce-size groups included NGOs with a workforce of:

- very small (less than 5 FTEs employed and vacant)
- small (5 to 19 FTEs inclusive)
- medium (20 to 49 FTEs inclusive)
- large (50 or more FTEs).

[2] This decision was made due to the small number of respondents identifying workforce delivering on Ministry of Health contracts which meant that allocation to a region was not possible.

Analyses

Data was screened prior to analysis to ensure that organisations reported workforce for services they were funded to deliver. Only valid responses to survey items were included in analyses.

Workforce information from individual surveys was anonymised and aggregated to DHB-locality, regionally or nationally.

Analyses were conducted using all available data in SPSS, Stata, and Excel where appropriate.

Workforce estimates

Estimates of service delivery workforce size and composition were produced using mental health and addiction workforce reported to the survey and the value of health contracts for AOD services and mental health services. The method used was based on a revised version of that used in the 2014 *More than numbers* organisation workforce survey, to accommodate the lower response rate in 2018.

NGOs were divided into three groups based on the value of their AOD and mental health contracts. Groups included NGOs with health contracts totalling:

- more than $1 million (group 1)
- between $0.5 million and $1million (group 2)
- less than $0.5 million (group 3).

Tables 2 and 3 summarise the calculations used to estimate the size of the NGO adult AOD and mental health workforce respectively. The average price per FTE for each group of reporting NGOs was used to estimate the workforce in non-reporting NGOs based on the value of their health contracts.[3]

Table 2. *Summary of calculations to estimate the NGO adult AOD workforce size (FTE positions employed and vacant)*

AOD contract groups	Reporting NGOs			Non-reporting NGOs		NGO estimated AOD FTE workforce
	Total health contract value ($)	FTE workforce reported	Average price per FTE	Total health contract value ($)	Unreported FTE workforce	
Group 1	30,378,624	417.9	72,694	7,136,490	98.2	516.1
Group 2	5,291,184	66.5	79,567	3,913,418	49.1	115.6
Group 3	4,315,748	69.0	62,547	7,062,698	112.9	181.9
Total	**39,985,556**	**553.4**	**72,254**	**18,112,606**	**260.2**	**813.6**

[3] Information about health contracts by locality is provided in Table 38.

Table 3. *Summary of calculations to estimate the NGO adult mental health workforce size (FTE positions employed and vacant)*

Mental health contract groups	Reporting NGOs			Non-reporting NGOs		NGO estimated mental health FTE workforce
	Total health contract value ($)	FTE workforce reported	Average price per FTE	Total health contract value ($)	Unreported FTE workforce	
Group 1	153,517,869	2,004.2	76,598	50,340,833	657.2	2,661.5
Group 2	11,252,784	143.4	78,471	16,413,868	209.2	352.6
Group 3	9,464,889	145.1	65,230	12,024,340	184.3	329.4
Total	**174,235,541**	**2,292.8**	**75,992**	**78,779,041**	**1,050.8**	**3,343.5**

The calculated unreported workforce in each service was further distributed across survey results by pro-rata to:

- employed and vacant workforce roles according to the distribution for reported workforce in each service
- DHB-localities based on each DHB's relative value of health contracts for non-reporting NGOs for each service.

Workforce ratios to population and people accessing services

Ratios of estimated workforce to adult population and to people accessing services were calculated using the following methods.

- Workforce to population (per 100,000 adults) used 2017 population estimates from Statistics New Zealand (2017), for age ranges 20 years and older.[4] These were calculated as workforce divided by population multiplied by 100,000; see population tables in Appendix E.
- Workforce to people accessing services (per 10,000 adults) used 2017 unique consumer information extracted from the Programme for the Integration of Mental Health Data (PRIMHD),[5] for age ranges from 18 years and older; see tables in Appendix E.

Vacancy rate

Vacancy rates were calculated using reported FTEs vacant divided by the sum of FTEs employed plus vacant. Calculation of representative vacancies was included in workforce estimates to ensure the reported vacancy rate was reflected in the estimated NGO workforce.

Turnover

Information was requested about the number of resignations and new hires as at 31 March 2018. Only surveys with valid responses for FTEs employed, vacant and turnover were included in analyses. Workforce turnover was calculated in three parts as follows.

[4] Statistics New Zealand population estimates and projections are presented in 5-year age ranges starting at birth to those aged 90 years and older. Information about adults aged 18 to 19 years is not currently published.
[5] Based on Ministry of Health, PRIMHD data extract 9 April 2018, extracted and formatted by Te Pou.

- The resignation rate was calculated by dividing the total FTE resignations during the year by the total FTE workforce (employed and vacant).
- The recruitment rate was calculated by dividing total FTE new hires during the year by the total FTE workforce (employed and vacant).
- The workforce growth or contraction was the difference between resignation and recruitment rates. A positive difference indicated workforce growth and negative indicated contraction over the year to 31 March 2018.

Comparison to 2014 workforce

Workforce estimates in 2018 were compared to revised 2014 *More than numbers* estimates. This includes 784 FTEs (employed and vacant) in the NGO AOD workforce and 3,087 FTEs (employed and vacant) in mental health services. These figures are not directly comparable to those reported in 2015 (Te Pou o te Whakaaro Nui, 2015) due to the different survey scopes and adjustment for under-reporting in 2014.

Results

Key findings

The NGO workforce is estimated to be 4,158 FTEs employed plus vacant.

The average FTE employed across the workforce was 0.78 FTE position.

The vacancy rate was 5 per cent.

The mental health and addiction workforce was mostly comprised of support workers (55 per cent), peer support workers (9 per cent), *dapaanz* registered health professionals (8 per cent), service managers and team leaders (9 per cent).

Large organisations had above average resignation and recruitment rates.

Key workforce roles that were difficult to recruit include nurses, *dapaanz* registered professionals, and support workers.

Results are reported in the following sections.

- Organisation profile describes the profile of responding NGOs and outlines the distribution of organisations by workforce-size groups, funding and services delivered.
- Mental health and addiction workforce describes the estimated service delivery workforce size and composition, provides workforce rates to population and consumers, outlines findings in relation to use of volunteers and unpaid interns, vacancies and turnover, and summarises organisation infrastructure roles.
- Workforce development priorities discusses findings for recruitment difficulties and organisation support for workforce development including:
    - professional development to advanced career pathways
    - clinical supervision for allied health and nursing roles
    - advanced peer workforce roles.

Organisation profile

Of the 232 NGOs invited to the survey, 127 (54 per cent) provided information about organisation health contract income and other sources of income. A total of 105 NGOs provided workforce information (45 per cent), who held health contracts worth 69 per cent of the contracts with all organisations invited to the survey.

The response rate for NGOs with AOD contracts was 49 per cent, and 44 per cent for those with mental health contracts. Table 4 shows the number of NGOs in each health contract group reporting and not reporting workforce data to the survey.

Table 4. *Number of NGOs reporting workforce and non-reporting in each health contract group used to estimate AOD and mental health contracts*

Health contract group (range)	NGOs with AOD contracts		NGOs with mental health contracts	
	Reporting to the survey (response rate)	Non-reporting (non-response rate)	Reporting to the survey (response rate)	Non-reporting (non-response rate)
Group 1 (more than $1m)	7 (64%)	4 (36%)	28 (58%)	20 (42%)
Group 2 ($0.5m to $1m)	7 (58%)	5 (42%)	17 (41%)	24 (59%)
Group 3 (less than $0.5m)	22 (43%)	29 (57%)	44 (39%)	69 (61%)
Total	**36 (49%)**	**38 (51%)**	**89 (44%)**	**113 (56%)**

Note: the response rate in brackets is the number of NGOs as a proportion of all NGOs invited to participate in the survey for each contracted service.

Reporting NGOs by workforce size

This section describes NGOs and workforce reported to the survey. The 105 NGOs reporting workforce information had a service delivery mental health and addiction workforce of 2,847 FTE positions (employed and vacant); see Table 5. These NGOs reported another 326 FTE positions in organisation infrastructure administration and management roles.

Most reporting NGOs (82) had a mental health and addiction workforce totalling less than 20 FTEs. These organisations accounted for 19 per cent of the total reported mental health and addiction workforce, and they held contracts worth 20 per cent of all health contracts. Table 5 shows the NGOs reporting to the survey in each workforce-size group with their proportionate share of reported workforce and health contracts.

Table 5. *Number of NGOs, funding and reported mental health and addiction workforce (FTEs employed plus vacant) for each workforce-size group*

Workforce-size group	Reporting NGOs		Reported workforce		Health contract value	
	Number	%	FTEs	%	Total $	%
Less than 5 FTEs	42	40%	106.2	4%	7,987,788	4%
5 to 19 FTEs	40	38%	430.9	15%	34,729,102	16%
20 to 49 FTEs	9	9%	265.2	9%	20,183,436	9%
50 FTEs or more	14	13%	2,044.6	72%	151,974,192	71%
Total	**105**	**100%**	**2,847.0**	**100%**	**214,874,518**	**100%**

Note: this table only records information for NGOs reporting workforce to the survey.

Health contracts

Respondents were asked to describe what proportion of their organisation's income for mental health and addiction service delivery came from health sector (DHB or Ministry of Health) contracts. On average, health contracts contributed 80 per cent of organisation income for mental health and addiction service delivery. For most respondents (87 per cent), health contracts contributed more

than half of organisation income. Over one-third (37 per cent) reported that health contracts comprised all their funding for mental health and addiction services; see Figure 1.

87% of respondents indicated health contracts provided more than half of organisation funding

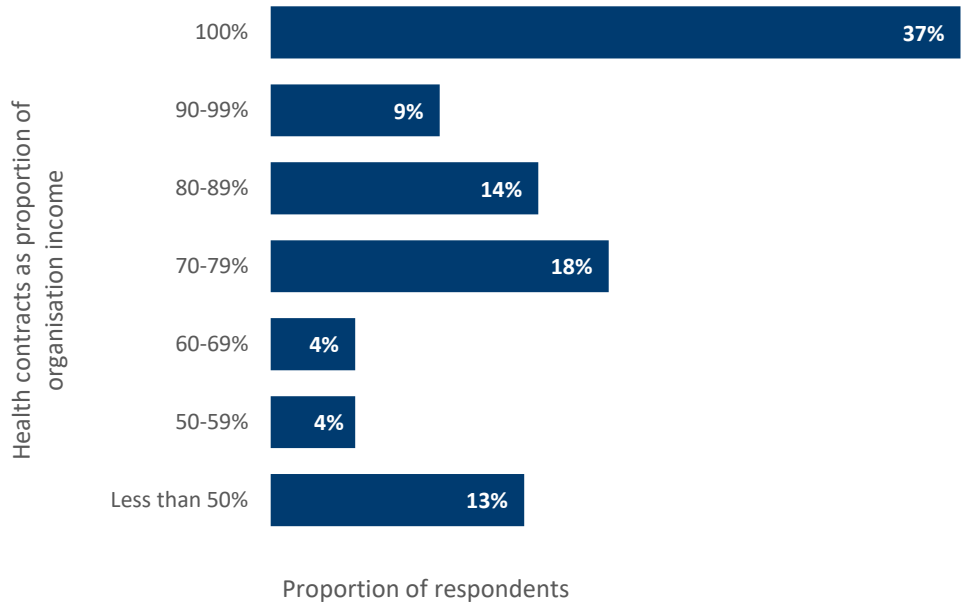

Figure 1. Proportion of respondents reporting health contracts' contribution to funding mental health and addiction services (134 respondents).

In total, 127 respondents reported on their organisation's receipt of income for mental health and addiction services from other sources than health. Fifty respondents (39 per cent) stated that their organisation had no other sources of income. For the remaining 77 respondents, the most common other sources of income were from the Ministry of Social Development (MSD); 49 per cent, charity and fundraising (32 and 31 per cent respectively). Around 17 per cent noted their organisation received funding from the Corrections Department and 8 per cent from the Ministry of Justice; see Figure 2.

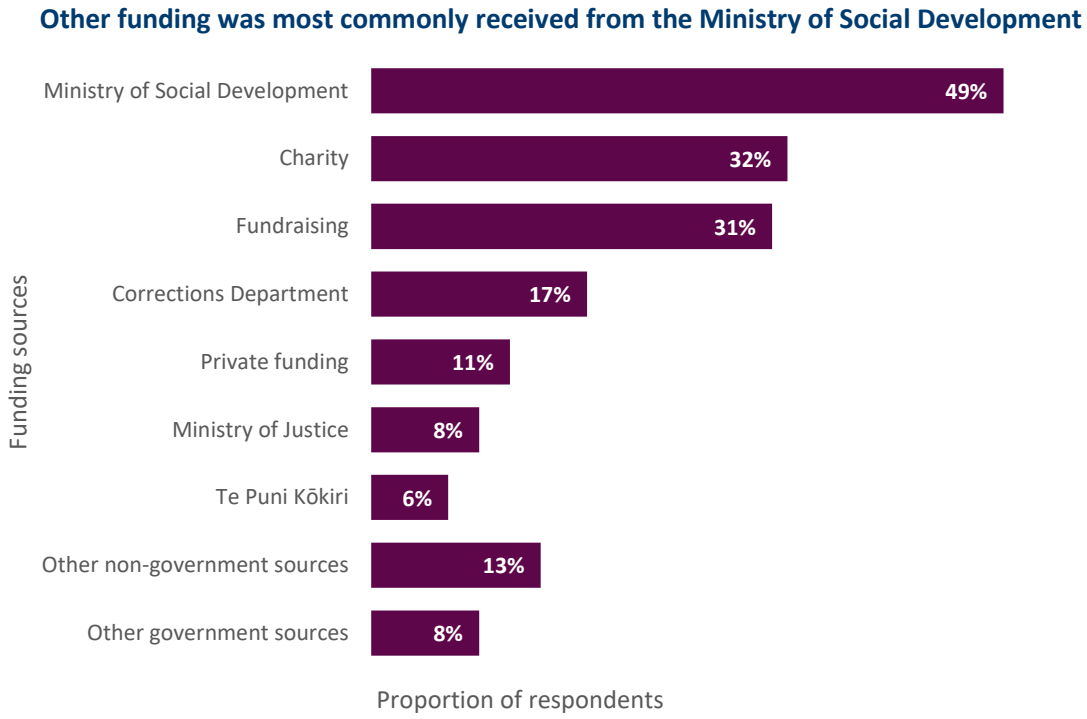

Figure 2. Proportion of respondents reporting other sources of income, by source (77 respondents).
Notes: Other non-government sources included income from Te Pūtahitanga, grants from research funds and international agencies, subcontracts with other NGOs, and rental income. Other government sources included income from Accident Compensation Corporation, Health Promotion Agency, local government, New Zealand Land Transport Association, and New Zealand Police.

Mental health and addiction workforce

This section describes the estimated mental health and addiction workforce,[6] based on information about NGOs' health sector contracts and the service delivery workforce[7] reported to the survey. It separately describes survey findings for organisation infrastructure roles that are not directly involved in mental health and addiction service delivery eg NGO chief executives, payroll staff, and IT support.

Workforce size

The total estimated workforce size in health sector NGO adult mental health and addiction services was 4,158 FTEs (employed plus vacant), with a vacancy rate of 5 per cent (see Appendix B).

Within the total estimated workforce, 814 FTEs (20 per cent) were likely to be located in the AOD workforce, and the 3,344 FTEs (80 per cent) likely to be in the mental health workforce; see Figure 3.

[6] The analyses used to estimate the workforce are provided in the Methods section.
[7] Service delivery workforce includes clinical and non-clinical roles and dedicated administration and management roles, and excludes organisation infrastructure roles.

The reported vacancy rates for the AOD and mental health workforces were 6 and 4 per cent respectively (see Appendices C and D for AOD and mental health workforce respectively).

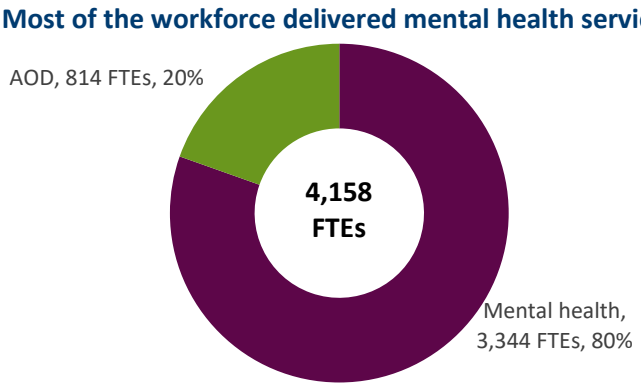

Figure 3. Total estimated workforce in NGO adult mental health and addiction services (FTEs employed plus vacant).

The average FTE position per person for mental health and addiction services was 0.78 FTEs, based on the reported workforce. People working in AOD services averaged 0.81 of an FTE position and 0.77 of an FTE position in mental health services.

The total workforce was unevenly distributed across regions, with most (34 per cent) located in the Northern region (1,403 FTEs), followed by the Midland (22 per cent; 902 FTEs), South Island (20 per cent; 835 FTEs), and Central regions (17 per cent; 716 FTEs). Another 303 FTEs (7 per cent) were reported to work across multiple regions or in national roles; see Figure 4.

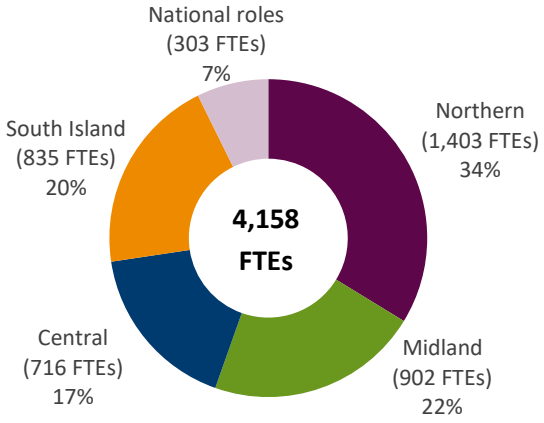

Figure 4. Regional distribution of the estimated NGO mental health and addiction workforce (FTEs employed and vacant).

Non-clinical roles comprised just under two-thirds (64 per cent) of the estimated NGO mental health and addiction workforce. Clinical roles made up nearly 22 per cent and administration and management the remaining 15 per cent of the workforce. The workforce in NGO AOD services was mostly comprised of clinical roles (58 per cent) in contrast to the NGO mental health workforce which was predominantly made up of non-clinical roles (72 per cent); see Figure 5.

The distribution of workforce across mental health and addiction services varied by region, with the Midland and South Island regions having a greater proportion of their respective workforces in clinical roles (23 and 21 per cent respectively) compared to the Northern and Central regions (17 and 14 per cent respectively); see Figure 5.

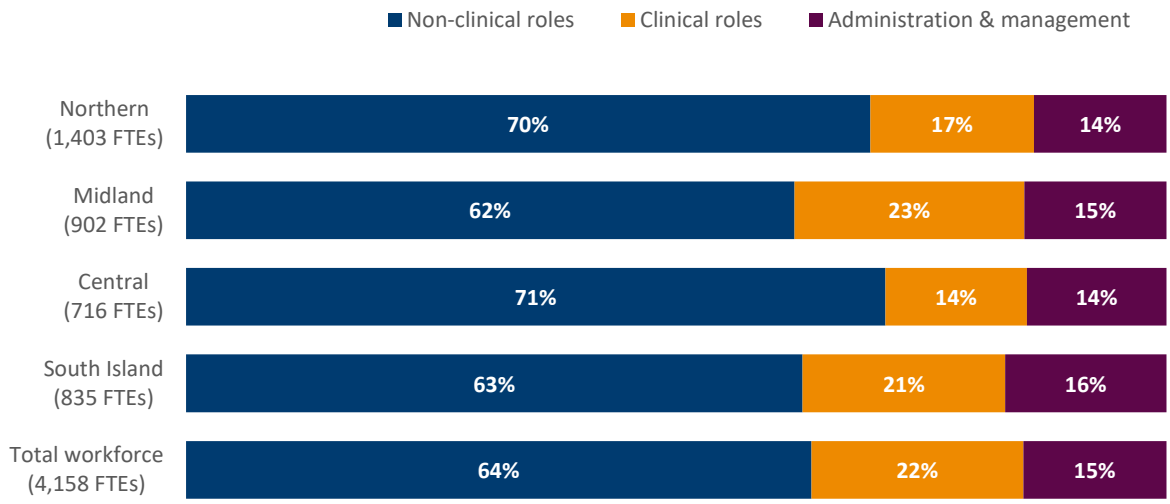

Figure 5. Comparison of the distribution of estimated workforce across mental health and addiction services, by region.

Differences in workforce structure across the regions may be due to various factors. For example, the Midland region's higher proportion of clinical workforce may reflect greater investment in NGO service delivery compared to other regions. The South Island's higher proportion of the workforce in clinical roles and administration and management roles is likely due to services being delivered by many organisations spread out over a large geographical area.

Workforce ratio to population and people accessing services

Ratios of workforce to population and people accessing services are useful for comparing change over time in workforce size and composition within services. These ratios are provided in this section. Because of differences in models of care and access, it is not useful to make comparisons between the AOD workforce and mental health workforce.

Workforce to population ratios

The mental health and addiction workforce had 75 FTE positions per 100,000 adults in non-clinical roles, and 25 FTEs per 100,000 adults for clinical roles; see Appendix B (Table 13).[8] For the AOD workforce, the ratio of FTE workforce to population totalled 23 FTEs per 100,000 adult population; see Appendix C (Table 22). For the mental health workforce, it was 94 FTEs per 100,000 adults; Appendix D (Table 30).

Regions varied, with the Midland region having the highest rates for mental health and addiction non-clinical and clinical roles (85 FTEs and 32 FTEs per 100,000 adults respectively). The South Island region had the lowest rate for non-clinical roles (63 FTEs per 100,000 adults) and the Central region had the lowest rate for clinical roles (15 FTEs per 100,000 adults); see Figure 6.

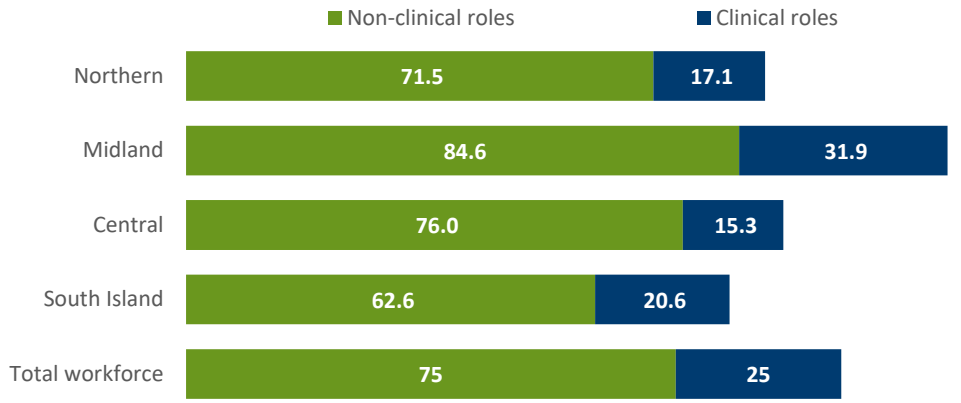

Figure 6. Workforce (estimated FTE positions employed plus vacant) per 100,000 population by region and national.
Note: the workforce in national roles is not included in this figure. This group's rates included 2 FTEs in non-clinical roles per 100,000 adults, and 5 FTEs in clinical roles per 100,000 adults.

The Midland region had the highest overall workforce to population ratio for both AOD and mental health workforces (30 and 107 FTEs per 100,000 adults respectively). The Northern and Central regions had the lowest ratio for their AOD workforce (13 FTEs per 100,000 adults each); and the South Island region for their mental health workforce (79 FTEs per 100,000 adults).

Workforce to people accessing services ratios

In relation to people accessing services, the mental health and addiction workforce had a ratio of 514 FTEs per 10,000 adults seen for non-clinical roles, and 174 FTEs per 10,000 adults seen for clinical roles; see Figure 7.[9] For the AOD workforce, the ratio of FTE workforce to people seen by services was 391 FTEs per 10,000 adults. For the mental health workforce, it was 993 FTEs per 10,000 adults seen; see Appendix E.

[8] Based on Statistics New Zealand (2017) estimates for people aged 20 years and older.
[9] Based on Ministry of Health, PRIMHD data extract 9 April 2018, extracted and formatted by Te Pou.

Again, regions varied. The Northern region had the highest rates for non-clinical and clinical roles (699 FTEs and 167 FTEs per 10,000 adults seen respectively). The Central region had the lowest rate for clinical roles (92 FTEs per 10,000 adults seen) and the Midland region for non-clinical roles (394 FTEs per 10,000 adults seen); see Figure 7.

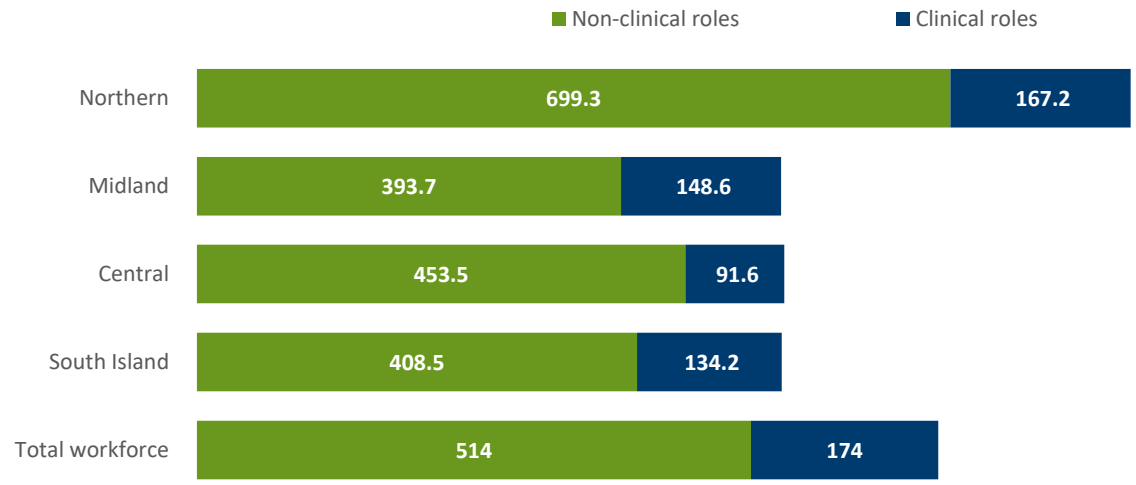

Figure 7. Workforce (estimated FTE positions employed plus vacant) per 10,000 adults seen by mental health and addiction services, by region and nationally.
Note: the workforce in national roles is not included in this figure. This group's rates included 15 FTEs in non-clinical roles per 10,000 people seen by NGOs, and 34 FTEs in clinical roles per 10,000 people seen.

Workforce composition

Support workers were the largest role in the estimated NGO mental health and addiction workforce (55 per cent of the total workforce). Service managers and team leaders, and peer support (consumer and service user) workers reflected 9 per cent of the workforce each, and *dapaanz* registered health professionals comprised 8 per cent.

The distribution of the workforce across clinical and non-clinical workforce differed in the AOD and mental health workforces. Over half (58 per cent) of the AOD workforce was comprised of clinical roles, mainly *dapaanz* registered professionals and allied health workers. In contrast, nearly three-quarters of the mental health workforce (72 per cent), mainly support workers; see Figure 8.[10]

[10] The workforce roles and groups used are described in the Definitions section on page 14.

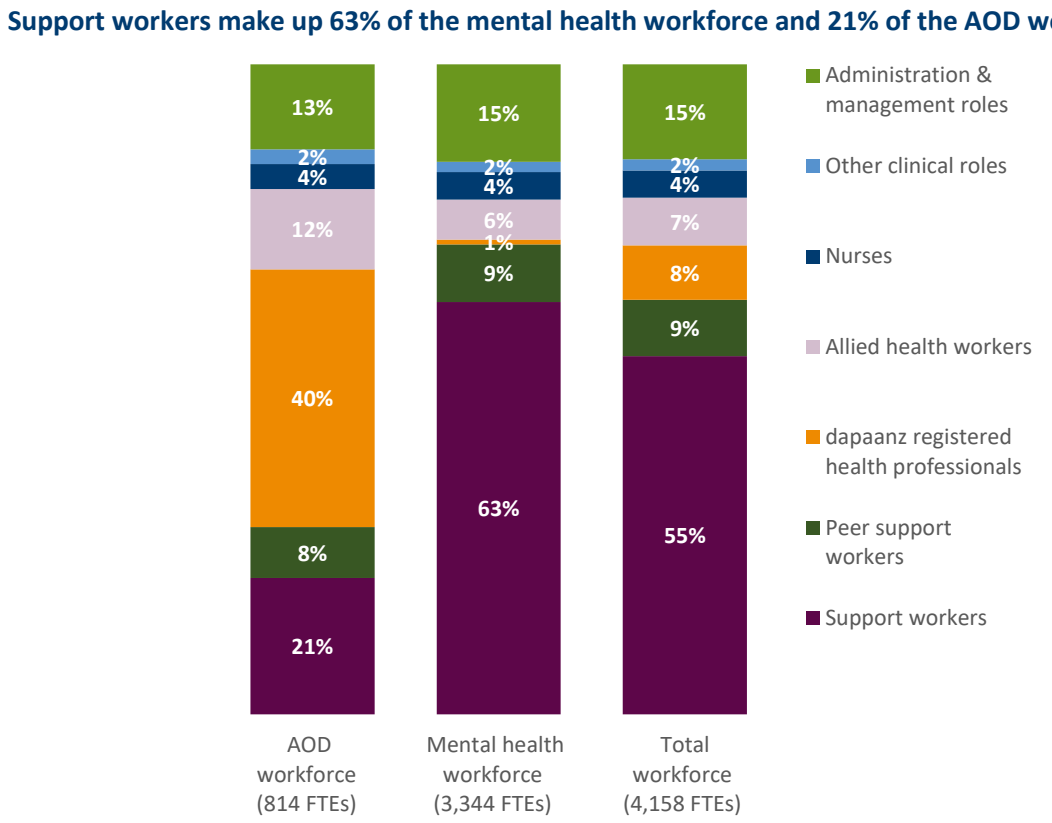

Figure 8. Distribution of estimated NGO AOD, mental health and total mental health and addiction workforce across roles.

Volunteers

This section describes reported information about the contribution of volunteers and unpaid interns to mental health and addiction service delivery.[11] These results are compared to the reported service delivery workforce for AOD services and mental health services. Reported volunteers and unpaid interns have not been included in the workforce estimates for mental health and addiction services.

From 100 respondents, 16 per cent stated that AOD service delivery was supported by volunteers and unpaid interns, and 27 per cent for mental health service delivery. Volunteers and unpaid interns equated to less than 2 per cent of the total reported service delivery workforce. Two-thirds (64 per cent) of these unpaid workers were associated with AOD services (equating to around 5 per cent of the reported AOD workforce), and one third with mental health services (1 per cent of the mental health workforce).

[11] This is because there is no reliable way to assess the relative reliance on unpaid people across organisations that did not respond to the survey.

Vacancies

Nationally, the NGO mental health and addiction workforce vacancy rate was 5 per cent.[12] The vacancy rate for the workforce delivering AOD services (6 per cent) was higher than for mental health services (4 per cent); see Appendix C (Table 15) and Appendix D (Table 23). The vacancy rate for the mental health workforce may be under-estimated, as many respondents did not provide vacancy information for mental health workforce.

Key workforce roles with high vacancy rates included dapaanz registered practitioners (10 per cent vacancy rate), other clinical roles (11 per cent),[13] and support workers (5 per cent). Other clinical roles may be inflated by respondents utilising this category for clinical role vacancies that may be filled by people with a range of professional qualifications, such as social workers, occupational therapists, or nurses; see Appendix B (Table 6).

Vacancy rates varied by region, with services in the Central region having the highest rate of 8 per cent, and Midland and South Island regions having the lowest (3 per cent each); see regional tables provided in Appendix B (Tables 7 to 11).

Workforce turnover

In total, 85 respondents from 80 NGOs described the number of people and FTE positions entering and leaving their organisation over the past year, by roles. These respondents accounted for 88 per cent (2,508 FTEs) of the workforce reported to the survey.[14]

The workforce in reporting organisations grew by 0.1 per cent over the year to 31 March 2018. Figure 9 shows workforce growth in some roles, such as peer support workers, and contraction for others like nurses and support workers.

Resignations

Over the year to 31 March 2018, the overall resignation rate was 23 per cent (median 9 per cent, range 0 to 100 per cent).[15]

Resignation rates varied by roles. *dapaanz* registered professionals, social workers and support workers had slightly higher resignation rates compared to the total workforce (ranging from 25 to 32 per cent compared to 23 per cent overall); see Figure 9.

[12] The calculation used to determine vacancy rates is provided in the Method section. Workforce estimates for non-reporting NGOs were allocated to FTEs employed and vacant to emulate the reported vacancy rates.
[13] Note that other clinical role vacancies may be high due to organisation clinical role vacancies being able to be filled by more than one type of clinician, and so not able to be attributed to one specific role like social worker.
[14] Calculations used to determine recruitment and resignation rates are provided in the Method section. Analyses were based on the reported workforce, including those reporting that people and FTE movements equalled zero, and excluding missed responses.
[15] Note that most organisations reporting 100 per cent resignations had very small workforces.

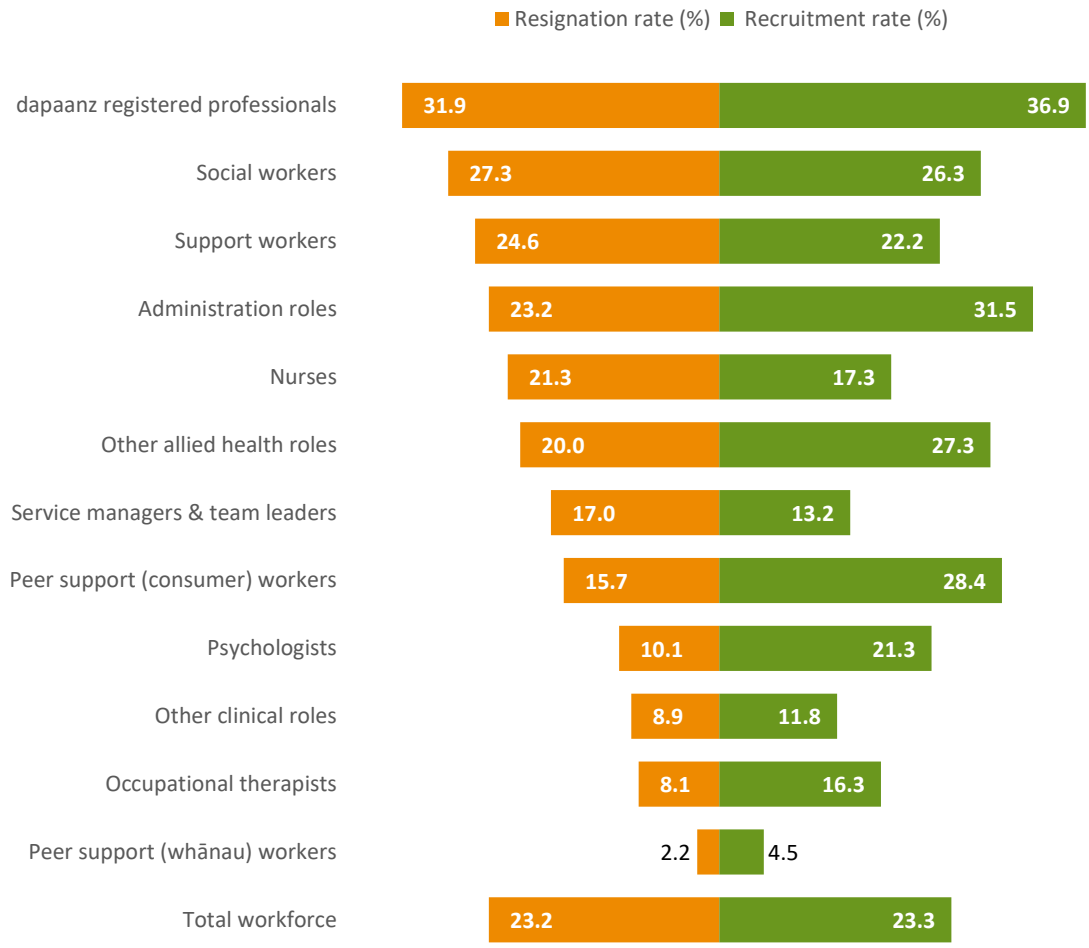

Figure 9. Recruitment and resignation rates for NGO mental health and addiction services, with total workforce rate (85 respondents).
Note: the recruitment and resignation rates for medical professionals have been excluded due to the very small size of the workforce.

NGOs with a medium and large mental health and addiction workforce (totalling 20 FTEs or more) had higher resignation rates than smaller organisations; see Figure 10.

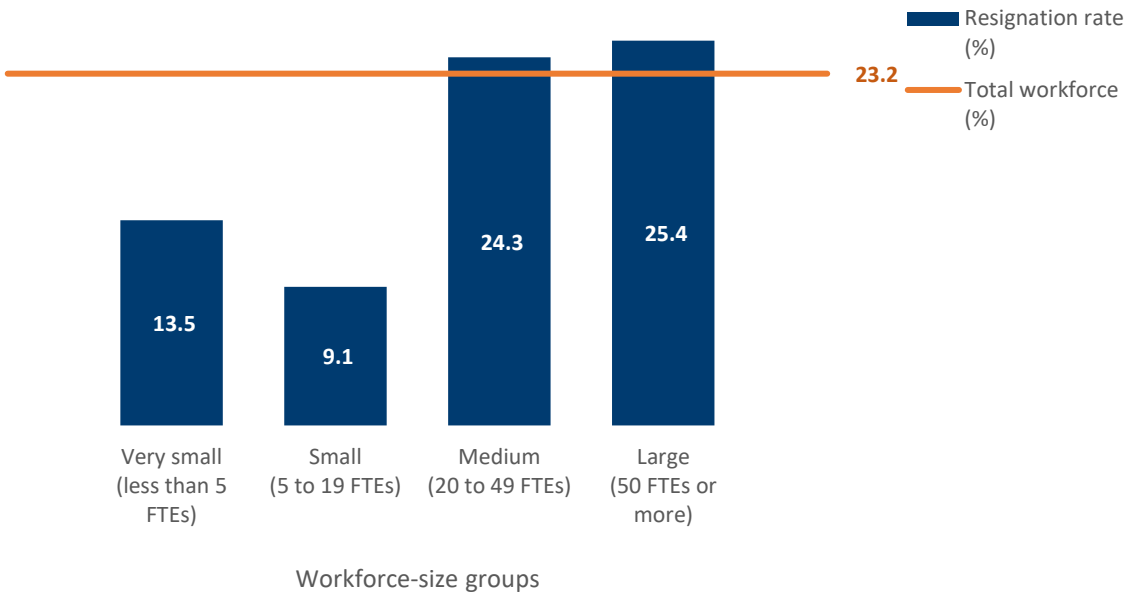

Figure 10. Mental health and addiction workforce resignation rates by NGO workforce-size groups, with total workforce rate (85 respondents).

Recruitment

Over the year to March 2018, the overall recruitment rate was 23 per cent (median 15 per cent, range 0 to 149 per cent).

Recruitment rates varied by roles. Recruitment rates for *dapaanz* registered professionals (37 per cent), peer support (consumer) workers (28 per cent) and other allied health roles (27 per cent) were higher than the workforce overall; see Figure 9.

NGOs with large mental health and addiction workforce (totalling 50 FTEs or more) tended to have higher recruitment rates than organisations in other workforce-size groups (27 per cent compared to 17 to 21 per cent); see Figure 11. Notably, recruitment rates were higher than resignation rates for all groups except medium-sized NGOs (20 to 49 FTEs). Suggesting that workforce growth or contraction was not experienced uniformly across the NGOs in each workforce-size group.

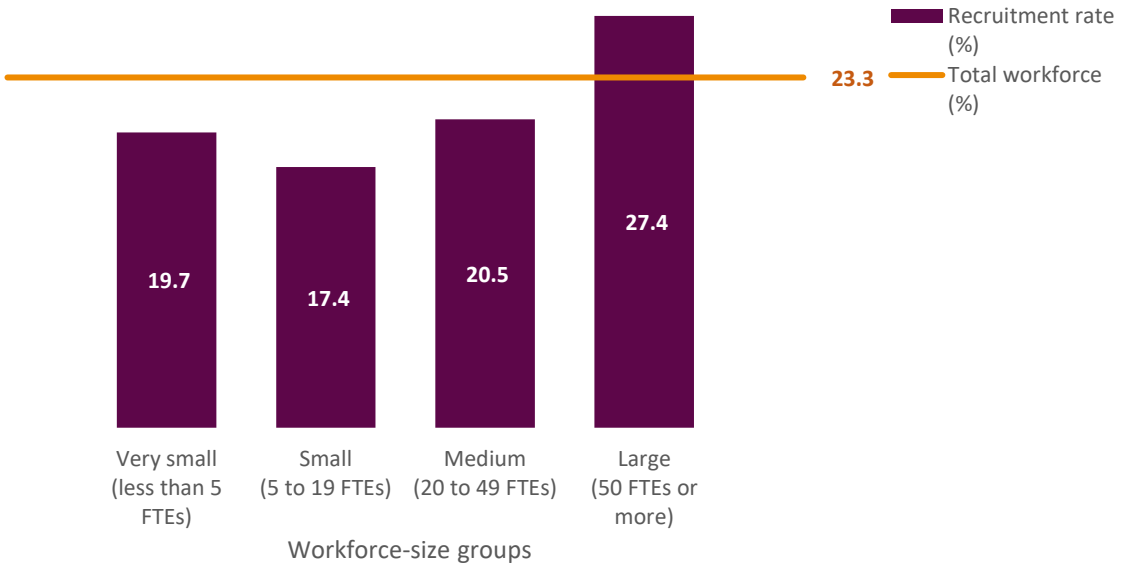

Figure 11. Mental health and addiction workforce recruitment rates by NGO workforce-size groups with total workforce rate (85 respondents).

Organisation infrastructure roles

Although not engaged in day-to-day service delivery, organisation infrastructure roles such as organisation administration,[16] senior management[17] and strategic development roles[18] are crucial to the ongoing viability of NGOs.

The 2018 survey information is reported separately for organisation infrastructure roles.[19] These infrastructure roles have not been included in workforce estimates, tables and analyses.

The 2018 reported organisation infrastructure roles totalled 326 FTE positions. These roles equate to 0.11 of an FTE position per FTE service delivery workforce (326 FTEs divided by 4,158 FTEs). About half of the reported infrastructure roles reflected administration (156 FTEs, 48 per cent), 44 per cent were senior managers (144 FTEs), and 8 per cent were strategic development roles (27 FTEs).

The size of the workforce in organisation infrastructure roles varies considerably across different organisations depending on multiple factors that may not relate to health contracted mental health and addiction services. Changes in size may reflect growth in the number and types of services delivered across multiple government sectors (such as social development; corrections and justice) rather than growth in health sector mental health and addiction service delivery.

[16] Administration and support staff not directly dedicated to supporting service delivery such as payroll officers, fundraisers, IT support.
[17] Chief executive officers or general managers, clinical leaders, regional managers, finance managers, contracts managers.
[18] Roles focused on strategic advice and organisation development such as researchers, analysts, and workforce planners.
[19] Organisation infrastructure roles provide oversight and support to the whole organisation, and that may include supporting a range of services beyond health sector mental health and addiction services.

Workforce development priorities

This section discusses survey findings for recruitment challenges, and activities supporting workforce development including the provision of:

- professional development opportunities to advanced career pathways
- clinical supervision for specified roles
- advanced peer workforce roles.

Recruitment challenges

Around two-thirds of respondents reported on difficulties with recruitment across different workforce roles. Responses indicating the question was not applicable to the organisation were excluded from this analysis, as were responses from respondents that did not report any workforce in the relevant role.

Most respondents reported difficulty recruiting to clinical roles, particularly for psychologists, medical practitioners, nurses, *dapaanz* registered health professionals, and other allied health roles (89 to 100 per cent of respondents). In addition, a high proportion reported difficulties recruiting support workers (78 per cent) and peer support (family and whānau) workers (80 per cent); see Figure 12.

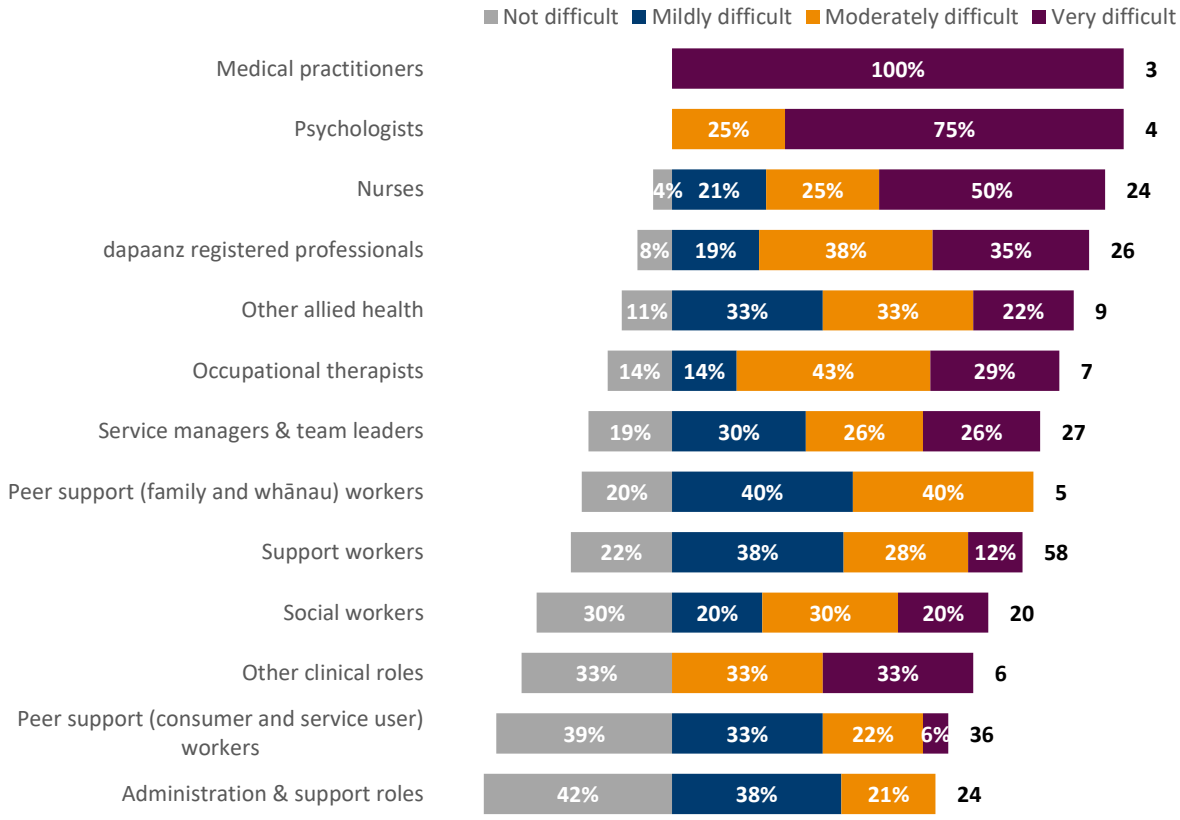

Figure 12. Proportion of organisations reporting recruitment challenges, by workforce groups (71 respondents).
Note: the black numbers at the end of each bar is the total number of respondents contributing to this analysis.

A small number of respondents (15) provided additional information about recruitment. Twelve respondents described recruitment difficulties, giving a range of reasons. Many of these were encapsulated in the following quotation.

> Barriers to recruitment are: wages; stigma surrounding mental health; lack of car driver's license; police record; lack of qualifications; support workers who have not dealt with personal grief and trauma; shift work; working weekends; lack of emotional intelligence. We employ people with most of the above, however the extra time spent in induction, training, coaching, supervision, etc. is very significant and not recognised in the funding we receive. The 90-day Trial period is excellent.

The most commonly reported barriers to recruitment related to funding and pay scales (7 respondents). Some noted that the availability of people to fill support worker roles has been impacted by increased competition for workforce from the hospitality and construction industries, and the aged care and disability sectors following the 2017 pay equity settlement.

> …we cannot compete on [the value of our] DHB contracts [which have] not [been] adjusted over years now for [cost of living increases].

Similar statements were made in relation to clinical roles, particularly the inability to meet DHB nursing pay rates and conditions.

> … with the [DHB nursing collective agreement] under review now another increase for RNs [registered nurses] nationally will widen the gap we already have with RN base rates.

Other barriers noted by five respondents included an inability to attract people with the right attitudes, skills, experience and qualifications. These comments extended across both the non-clinical and clinical workforce; particularly in relation to cultural competence and experience working in addiction. Two respondents noted that skilled workforce availability was lacking in areas with small populations, impacting recruitment to clinical roles for both AOD and mental health services. A scarcity of Māori and Pasifika clinicians in the labour market was also noted.

Not everyone reported difficulties, however. Four respondents reported their organisation had minimal recruitment difficulties over the past year. Two respondents indicated their organisations were desirable employers in the sector and had no recruitment issues.

> Our experience is that very good people want to work with us. But as very few leave we can't take them on. There is no [difficulty].

Supporting workforce development

Employer support is crucial to ensuring the workforce is able to grow and develop to meet future service delivery needs. The survey explored employer support across three areas of workforce development including:

- professional development to advanced career pathways for support workers, allied health workers, *dapaanz* registered professionals and nurses
- provision of clinical supervision for allied health roles and nurses
- development of advanced peer workforce roles such as peer advisors or leaders, peer supervisors, peer trainers or educators, and peer researchers or evaluators.

Professional development to advance career pathways

In total, 65 respondents reported on their organisation's current support for professional development to advanced career pathways for specified roles: support workers, allied health professionals, *dapaanz* registered professionals and nurses.[20]

Most of those respondents (50) reported professional development for their workforce in these roles, with nearly all of them indicating this was provided for support workers. A small group of respondents indicated that they planned to implement professional development in the future; see Figure 13.

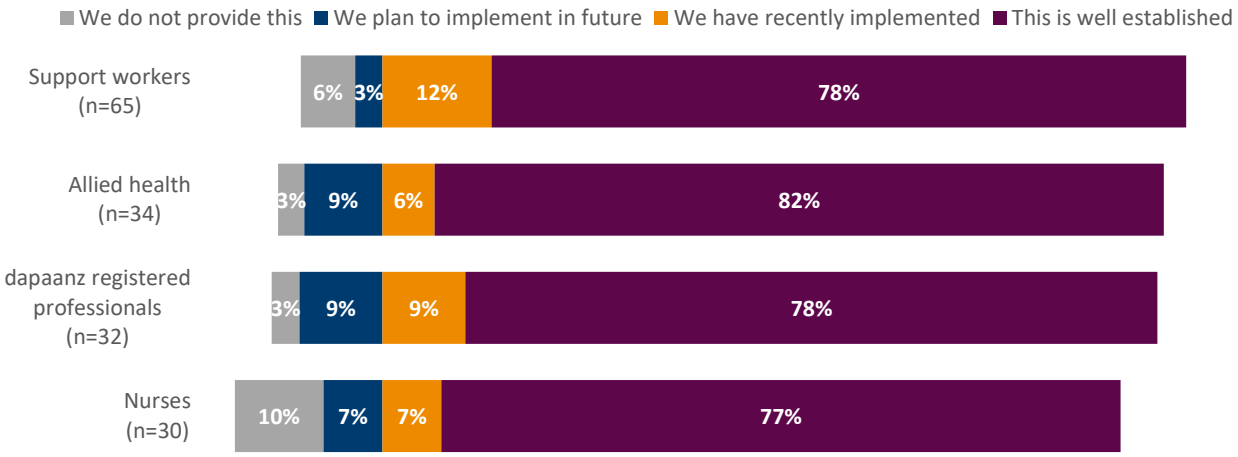

Figure 13. Proportion of organisations reporting professional development to advanced career pathways, by workforce group (65 respondents).

Respondents were invited to provide open-ended feedback about professional development activities. Comments were provided by 24 respondents. Twenty respondents indicated that professional development was provided for their employees either internally or externally. Many described the need to maintain professional development within prescribed budgets, using strategies such as in-house or online training to keep costs manageable.

[20] Analyses were conducted on surveys that reported workforce in the relevant role, and responses indicating the question was not applicable were excluded from this analysis.

> ... we are implementing a[n] e-learning platform which will enhance and support face to face training
>
> Staff are encouraged to select professional development suited to their role and attend compulsory components including first aid, calming and [de-]escalation and cultural training.

Three respondents reported providing each staff member with a dedicated budget for professional development. Two respondents specifically described offering staff development in co-existing problems capability and another two required the NZQA Level 4 Certificate in mental health and addiction support. Two respondents noted registration with a professional body contributed to professional development opportunities.

Two respondents stated that professional development was not provided. One stated that the very small value of their health contract did not allow scope for career movement and the second noted that:

> There is no career pathway for support workers to advance like other health professionals - support workers have to change careers to become social workers to do this.

Clinical supervision

Access to professional supervision is essential for excellent clinical practice and is required for ongoing professional registration by a number of professional bodies. Key workforce roles requiring clinical supervision are allied health workers and nurses. A small number of respondents (35) completed questions about their organisation's current provision of clinical supervision for these roles.[21]

Nearly all respondents (34) reported their organisation provided clinical supervision for allied health workers and nurses. Only one respondent reported they did not provide access to clinical supervision; see Figure 14.

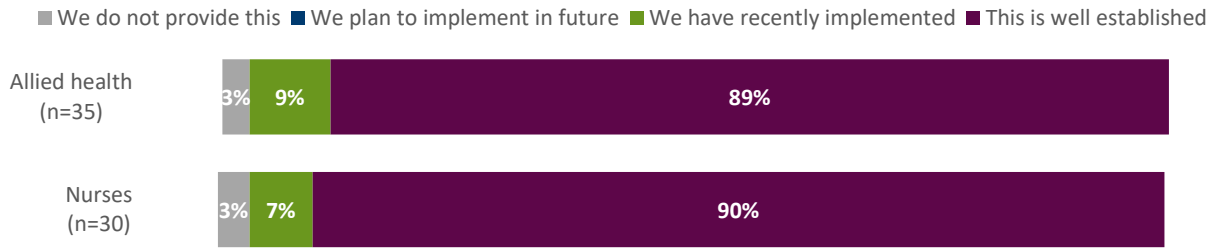

Figure 14. Proportion of organisations reporting provision of clinical supervision, by workforce group (35 respondents).

[21] Analyses were only conducted on surveys that reported workforce in the relevant role, and responses indicating the question was not applicable were excluded from this analysis.

Nineteen respondents provided additional feedback about clinical supervision for allied health and nursing staff. Fifteen respondents indicated their staff had access to clinical supervision either externally or internally. In addition, half of those (eight) stated that supervision was also provided for support workers and peer support workers. Two respondents stated that informal supervision was provided in-house, and access to external supervision was limited. In relation to cost, one respondent noted for the NGO sector:

> … affording workforce development opportunities and supervision for the clinical workforce in the NGO sector would be made more achievable if funding for clinical roles in this sector matched that which the DHBs fund their provider arm services.

Advanced peer workforce development

In total, 82 respondents reported on their organisation's current position in relation to developing advanced peer workforce roles including peer leader or advisor, peer supervisor, peer trainer or educator, and peer researcher or evaluator.[22]

More than two-thirds of respondents reported that their organisation had recently implemented or had well-established workforce in peer advisor or leader roles. Fewer respondents reported the same for peer supervisors (11 per cent), peer trainers or educators (14 per cent), peer researchers or evaluators (10 per cent); see Figure 15. However, 16 per cent of respondents indicated they were planning to implement the first three roles.

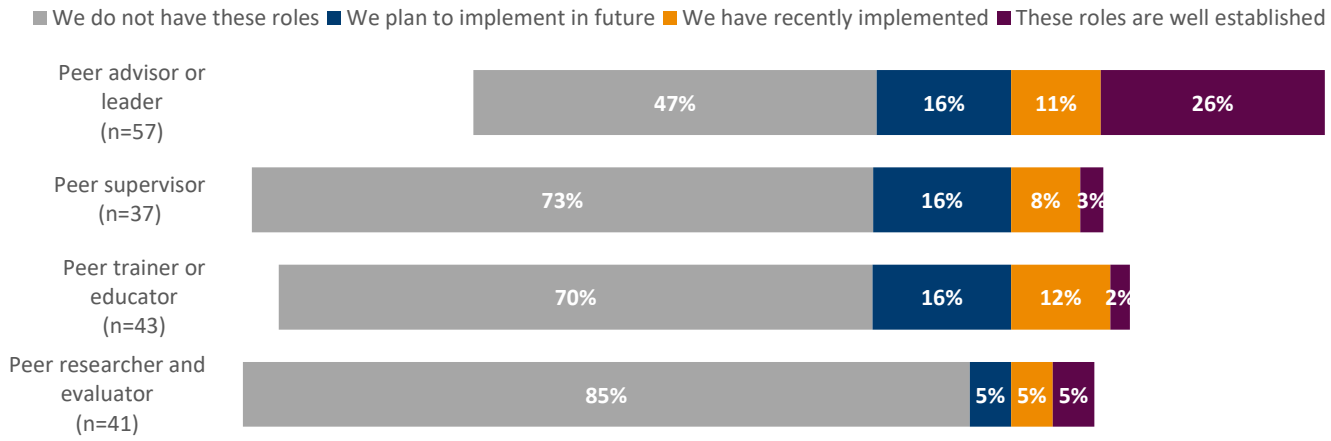

Figure 15. Proportion of organisations reporting advanced peer workforce roles, by role (82 respondents).

Nineteen respondents provided supporting comments to their answers about advanced peer workforce roles. Seven respondents stated that employing people with lived experience was a priority for their organisation, with one respondent stating the organisation had a specific strategy for building their peer workforce. Two respondents stated their organisation used volunteers to

[22] Responses indicating the question was not applicable to the organisation were excluded from this analysis, as were responses indicating these roles were well established where there was no employed or vacant workforce reported.

provide peer leadership, supervision and training support. Another two respondents indicated that advanced peer workforce roles were likely to be contracted as required, in the case of peer trainers or researchers, while one respondent noted that peer leadership came from a member of the organisation's Board of Trustees.

Five respondents described a lack of dedicated funding for advanced peer workforce roles, as contracts specified service delivery roles such as nurses or support workers, rather than oversight from the perspective of lived experience. One respondent highlighted the limited availability of training to develop this workforce as an issue.

Discussion

The NGO workforce survey aimed to explore the size and composition of the workforce in NGOs contracted by DHBs and Ministry of Health to deliver adult mental health and addiction services. This discussion compares the findings of the 2018 NGO workforce survey with changes in health contract funding, population and service use over the past 4 years, and with estimates of the 2014 workforce where relevant.

Funding, population and service use

This section outlines the changes in health contracting, population and service use since that reported in the 2014 *More than numbers* survey reports (Te Pou o te Whakaaro Nui, 2015). More detailed information is located in the tables contained in Appendix E.

Over the past 4 years, there has been little real growth in the value of health contracts held by NGOs to deliver secondary care adult mental health and addiction services. These health contracts increased in value by 11 per cent overall. However, the New Zealand average wage inflation over the same period was 10 per cent and the consumer price index rose by 4 per cent.[23] At the same time, New Zealand's adult population grew by 10 per cent, from around 3.2 million in 2013 to nearly 3.6 million in 2017 (Statistics New Zealand, 2017). The value of NGO health contracts per adult in the population increased by less than 1 per cent over the 4 years, up by 70 cents from $87.14 to $87.84 in 2018.

During the same period, the number of people accessing NGO mental health and addiction services has increased by 26 per cent. NGOs saw over 51,500 in 2017 compared to nearly 41,000 people in 2013. Overall, NGOs saw 39 per cent of all people accessing mental health and addiction services in 2017, up from 36 per cent in 2013.[24]

These figures suggest that over the past 4 years, NGOs' health contract income has only kept pace with population growth. In real terms NGOs have increased service delivery with little increase in funding. This raises questions about the pressures being experienced by the NGO workforce and the long-term implications for ensuring workforce sustainability, and the effectiveness of services.

Organisation profile

There was little change in the number of NGOs holding health contracts in 2017 compared to 2013 (232 in 2017 compared to 231 in 2013). However, the proportion of reporting NGOs indicating that health contracts provide all their funding for mental health and addiction services has decreased from around 64 per cent (Te Pou o te Whakaaro Nui, 2015) to 37 per cent. The relative contribution of health contracts to organisation income also decreased slightly from 83 per cent of income in

[23] See Reserve Bank calculator https://www.rbnz.govt.nz/monetary-policy/inflation-calculator

[24] 2013 service use information is based on figures published by the Ministry of Health see https://www.health.govt.nz/publication/mental-health-and-addiction-service-use-2012-13.

2014 (Te Pou o te Whakaaro Nui, 2015) to 80 per cent in 2018. These results may be over- or understated due to the lower response rate to the 2018 survey.

This may also be due to increasing investment in mental health and addiction services by other government sectors, either through increased funding on existing contracts or the introduction of new government contracts. For example, the proportion of NGOs receiving income from the Department of Corrections and Ministry of Justice has increased over the period from 10 per cent to 20 per cent in 2018 following introduction of new programmes of work.

Mental health and addiction workforce

Workforce size

The estimated NGO secondary care adult mental health and addiction workforce has grown by approximately 287 FTEs positions or 7 per cent; from 3,871 FTE positions (employed and vacant) in 2014 to 4,158 FTEs in 2018. The AOD workforce grew by nearly 4 per cent and the mental health workforce by 8 per cent; see Appendix F (Table 43). The workforce turnover for the year ended 31 March 2018 indicates that much of this growth is likely to have occurred between 2014 and 2016.[25]

Workforce growth for AOD services may be under-estimated due to changes in the 2018 survey method and analysis, and over-estimated for mental health services for the same reason.

When population is considered, there has been little real growth in the workforce. Instead the FTE workforce has reduced in size. The ratio of NGO workforce to adults in the population has declined slightly from 120 FTE positions per 100,000 adults in 2014,[26] to 117 FTEs in 2018. Likewise, the rate of NGO mental health and addiction workforce per 10,000 adults seen by services decreased by 17 per cent from 946 FTEs per 10,000 adults seen,[27] to 806 FTEs.

Workforce composition

Between 2014 and 2018, there has been little real change in the composition of the NGO adult mental health and addiction workforce across non-clinical and clinical role groups. Non-clinical roles continue to make up nearly two-thirds of the overall workforce, at 64 per cent compared to 66 per cent in 2014. The proportion of the workforce in clinical roles continues to be around one in every five FTEs (22 per cent in 2018 compared to 21 per cent in 2014). Administration and management roles continued to hold around 15 per cent of the workforce; see Appendix F (Table 43).

Between 2014 and 2018, growth in the non-clinical workforce was small at 3 per cent. Growth in the clinical workforce was higher at 12 per cent. The non-clinical and clinical workforces each accounted for around half of the total increase in workforce size (84 FTEs and 98 FTEs respectively). The FTE workforce in administration and management roles grew by 105 FTEs.

[25] The difference between recruitment and resignation rates was 0.1 per cent for the year ended 31 March 2018.
[26] Based on 2013 adult population of 3.2 million; see Appendix E.
[27] Based on 2013 service use information published by the Ministry of Health, see footnote 24.

Compared to 2014, some roles in the mental health and addiction workforce have grown more in size than others. These roles include peer support workers, social workers, occupational therapists, and other allied health and clinical roles. Their growth is likely due to internal reconfiguration of the workforce composition, as there has been little change in overall workforce size. This finding is reinforced by the differences between recent recruitment and resignations over the past year showing an overall increase in the workforce for *dapaanz* registered practitioners, other allied health roles, peer support (consumer and service user) workers, and psychologists. In contrast, nurses and support workers were recruited at lower rates than resignations.

The AOD workforce in clinical roles grew by 11 per cent (46 FTEs) between 2014 and 2018. Most of this growth occurred in social worker and other clinical roles. In contrast, the AOD workforce in non-clinical roles decreased by 5 per cent overall (13 FTEs), with support workers decreasing by 30 FTEs, some of which was offset by growth in the peer support (consumer and service user) workforce (17 FTEs); see Appendix F (Table 43).

The apparent reduction in AOD workforce size between 2018 and 2014 for support workers, nurses and psychologists, and administration and management roles may reflect an overestimation of that workforce in 2014, see the Limitations section for more details.

The mental health workforce had a large increase in FTE positions for peer workers, both peer support (consumer and service user) workers (84 FTEs) and peer support (family and whānau) workers (26 FTEs) between 2014 and 2018. In contrast there was a decline in the FTE workforce for support workers, and an overall increase in the proportion of the workforce in clinical roles (14 per cent). These differences are likely related to internal reconfiguration of the workforce rather than overall workforce growth.

Turnover

The NGO mental health and addiction workforce resignation rate was high compared to the New Zealand average turnover for 2016 (19 per cent), (Lawson Williams, 2017). For respondents to the NGO workforce survey, resignation rates were particularly high for key service delivery roles including *dapaanz* registered professionals, support workers, and social workers.

Workforce turnover for the year ended 31 March 2018 led to small growth in the total workforce of just 0.1 per cent.[28] However, the survey shows that some roles were not replaced at the same rate as resignations, with the workforce growing for *dapaanz* registered professionals and other allied health workers. In contrast, support workers, nurses and social workers were recruited at lower rates than resignations.

Turnover information was not collected in the 2014 survey, so no comparisons are able to be made.

[28] Assuming vacancy rates were similar between 2017 and 2018.

Organisation infrastructure roles

The workforce in organisation infrastructure roles not directly involved in mental health and addiction service delivery (such as chief executives, payroll and IT staff) was larger than was anticipated from the findings of the 2014 survey. This was particularly the case for administrators and senior managers. These roles made up 0.11 of an FTE position per service delivery workforce in 2018 compared to 0.03 of an FTE position in 2014. The large increase likely reflects the different survey methodologies used, possibly leading to some duplication of workforce numbers.

It is also possible this growth reflects an increase in the number of other government contracts held by NGOs. Refining the survey question and monitoring over time will provide some indication of the infrastructure changes in organisations delivering mental health and addiction services.

Workforce development priorities

As in 2014, NGOs continued to report difficulties with recruitment in 2018 citing a wide range of factors including funding and pay rates, organisation culture, and the availability of people with the right values, attitudes, skills and qualifications. Respondents reported recruiting difficulties for clinical roles such as nurses, *dapaanz* registered professionals and social workers. It was noted that more Māori and Pasifika clinicians were needed for mental health and addiction services. For clinical roles, respondents pointed out that their organisations were not adequately resourced to compete with DHBs on pay.

For support workers, recruitment difficulties involved increased competition from other sectors and the availability of people with the right values and attitudes. In keeping with 2014, some NGOs employ the people with the right attitudes and provide training to develop their skills. Notably, a small group of respondents indicated their positive organisation culture kept turnover low and meant they had no problem attracting the right people when recruitment opportunities did arise.

Professional development to advanced career pathways for support workers and clinicians appear well established within NGOs. Access to clinical supervision was also provided by most NGOs, with around half of respondents commenting this was available to their support workers as well. However, like recruitment, the disparities in funding between DHBs and NGOs were seen as a barrier to the provision of both career development and clinical supervision.

A small group of advanced peer roles was reported to the survey with most being peer leader or advisor roles. In relation to development of other advanced peer workforce roles (peer supervisors, trainers or educators, and researchers or evaluators), few respondents reported these roles were planned for the future (5 to 16 per cent of respondents). Anecdotal information from the sector indicated that people may hold part-time advanced peer workforce roles in combination with their employment as peer support workers.

There may be some confusion in the sector over the nature of advanced peer workforce roles, despite the definitions given in the survey.[29] Therefore it is important that workforce development activities continue to highlight the importance of these roles and inform the sector about their purpose and use.

Limitations

The survey was limited to the NGO workforce delivering on health contracts for adult AOD services and mental health services. This is a portion of the total workforce delivering mental health and addiction services across the country. In addition to health sector services for children and adolescents, mental health and addiction services are offered in primary care and contracted by other government services such as the Department Corrections and the Ministry of Social Development. The workforce delivering on those contracts was outside the scope of this survey.

The 2018 workforce estimates are based on responses from 45 per cent of 232 invited NGOs. The workforce in non-participant NGOs may differ from those who completed the survey, particularly those with health contracts valued at less than $500,000 given their low response rate. This may have also impacted the estimated workforce growth between 2014 and 2018.

Allocation of workforce estimates to roles by pro-rata mirrors the reported workforce structure and may not accurately reflect the structure of NGOs that did not report to the survey.

Changes were made to the 2018 survey questionnaire and estimation method to address the potential over-reporting of common mental health roles within the AOD workforce. These changes impact the comparability of results between 2018 and 2014, as did the difference in response rates for the two surveys. As a result, the actual growth in the AOD workforce between 2014 and 2018 may be slightly higher than described, possibly between 4 and 5 per cent in total.

Respondents to the 2018 survey were asked to fit their workforce into a smaller range of role titles than the previous survey. These did not include as many roles with very small workforces, such as cultural advice and support roles, which were incorporated into totals for support workers instead. Other research currently underway among the workforce centres will support a better understanding of cultural roles and cultural competence in the workforce.

The mental health peer workforce may be understated in estimates by about 40 FTEs, due to a conservative approach taken to distribution of the unreported workforce to composite roles. The mental health support worker workforce may be overstated by the same amount for the same reason.

There may have been some duplication of administration and management roles across mental health and addiction service delivery and organisation infrastructure workforces. This possibility needs to be further investigated and, if necessary, addressed in the design of future questionnaires.

[29] A large number of respondents were removed from the analysis on the basis that they reported these roles were well or recently established but did not have any workforce employed or vacancies for those roles.

Concluding comments

NGOs delivering secondary care mental health and addiction services are seeing more people than ever before, in return for little real increase in health contract income since 2014. The value of health contracts has kept pace with population growth, but not with wage inflation nor the additional costs associated with delivering services to more people. This has been reflected in limited growth of the workforce delivering AOD and mental health services.

In 2018, NGOs continued to report issues with static funding, skills shortages, and increasing competition for health workers, both in clinical and non-clinical roles. Issues identified in 2014 are now compounded by competition for workforce from other sectors and the recent pay equity settlement for aged care and disability support workers. These findings raise concerns about the long-term sustainability of NGO services, the wellbeing of their workforce and effectiveness of services.

Going forward, the information collected by the 2018 NGO workforce survey can support workforce planning and development for NGOs. These activities need to occur across multiple levels of the health system, ranging from individual organisations and their networks and collectives, to the infrastructure supporting NGO service delivery through locality-based service contracts and the development of national policy and strategy.

Appendices

The following appendices are provided.

- Appendix A: NGO workforce survey.
    - Overview of changes to questionnaire.
    - NGO workforce survey questionnaire.
- Appendix B: NGO mental health and addiction workforce.
    - National mental health and addiction workforce by roles and services delivered.
    - Regional mental health and addiction workforce by roles and services delivered.
    - Mental health and addiction workforce, by DHB-locality and region.
    - Mental health and addiction workforce per 100,000 adult population, by DHB-locality and region.
    - Total reported FTEs recruited and resigned, year ended 31 March 2018.
- Appendix C: NGO AOD workforce.
    - National AOD workforce by roles and services delivered.
    - Regional AOD workforce by roles and services delivered.
    - AOD workforce, by DHB-locality and region.
    - AOD workforce per 100,000 adult population, by DHB-locality and region.
- Appendix D: NGO mental health workforce.
    - National mental health workforce by roles and services delivered.
    - Regional mental health workforce by roles and services delivered.
    - Mental health workforce, by DHB-locality and region.
    - Mental health workforce per 100,000 adult population, by DHB-locality and region.
- Appendix E: Funding, population and service use.
    - Health contracts summary information.
    - Population summary information.
    - Service use summary information.
    - Value of health contracts for mental health and addiction services, by service, DHB-locality and population.
    - 2017 adult population by ethic group, DHB-locality and region.
    - People seen by NGO mental health and addiction services, by DHB-locality (2017).
    - People seen by NGO AOD services, by DHB-locality (2017).
    - People seen by NGO mental health services, by DHB-locality (2017).
- Appendix F: Workforce comparisons 2018 to 2014.

Appendix A: NGO workforce survey

This Appendix provides an overview of the changes made to the 2014 survey, and a copy of the NGO workforce survey questionnaire.

Overview of changes to questionnaire

Specific questions from the 2014 survey relevant to NGO workforce were adapted for the 2018 survey, these included:

- rewording of the workforce size and composition question to better align answers with the Werry Workforce Whāraurau survey of NGO child and youth services and with health contract information used to estimate the workforce size
- revision of the role list to reduce the number of role options to those most relevant to NGOs
- separation of service delivery administration, service managers and team leaders from organisation infrastructure roles[30] to better align with the Werry Workforce Whāraurau survey of NGO child and youth services and provide clearer demarcation between the two types of roles.
- providing evidence to demonstrate professional development and supervision support for specified roles in the NGO workforce, and for the development of advanced peer workforce roles
- providing evidence about recent workforce change or growth
- providing evidence about current recruitment experiences.

The 2018 survey questions focused on four key areas, understanding the:

1. NGO income and contracts, in relation to health and other sector contracts
2. size, composite roles, and vacancies in the workforce delivering on health contracts for AOD services and mental health services, by DHB-locality, and the size of organisation oversight and support roles
3. status of workforce and professional development and support for priority workforce groups (eg peer workers)
4. workforce turnover (recruitment and resignations) and recruitment challenges by roles.

[30] Infrastructure roles include senior managers (eg general managers, finance managers, human resources managers, regional managers) and administration roles (eg payroll staff, accounts payable, fundraisers, and IT support).

NGO workforce survey questionnaire

We invite you to complete this survey about your organisation's workforce delivering on DHB and Ministry of Health contracts for mental health and alcohol and other drug (AOD) services. This survey is being carried out on behalf of Health Workforce New Zealand.

Purpose

The survey aims to capture up-to-date information about the size and composition of the NGO workforce, and workforce development in comparison to the *2014 More than numbers organisation workforce survey*. Survey findings will be used to inform the Government Inquiry into Mental Health and Addiction, and support workforce planning and development across the sector.

The survey asks about your workforce delivering on DHB and Ministry of Health (health) contracts for mental health and AOD services to people aged 19 years and over.

The workforce delivering on the following contracts are excluded from the survey:

- health contracts for services to children and adolescents (aged under 19 years)
- health contracts for forensic mental health services
- health contracts for problem gambling services
- health contracts for smoking cessation services
- contracts from other government agencies, such as the Ministries of Social Development, Justice, and Corrections.

How you can take part

The survey is designed so your organisation can complete ONE questionnaire. However, if it is more convenient to split your organisation's responses then additional questionnaires can be completed.

Please note

Survey participation is voluntary, and your organisation can withdraw at any time. All survey responses will be kept confidential and anonymised before being stored securely. Information relating to your individual organisation will not be identifiable in published survey results.

Once available later this year, a report on the NGO workforce will be made available to your organisation.

For further information

Contact Jennifer Lai Jennifer.lai@tepou.co.nz or Paul Hanton paul.hanton@tepou.co.nz. You can also visit our website.

Welcome to the 2018 *More than numbers* NGO workforce survey.

Key questions in this survey refer to the period from 1 April 2017 and 31 March 2018, and include your:

- mental health (excluding forensic) and AOD contracts with DHBs and the Ministry of Health
- people employed (number and full-time equivalent (FTE) positions), and vacancies in specific workforce groups, including support workers, allied health roles, other clinical roles, and administration and management
- organisation's workforce development activities, including advanced peer workforce development, professional development and advanced career pathways, and clinical supervision
- workforce turnover and any recruitment issues.

It may be useful to collate some of this information before starting the survey. You can save your survey responses at any time and complete the survey at a later stage using the link provided.

Should you require support completing this survey please contact Jennifer Lai Jennifer.lai@tepou.co.nz or Paul Hanton paul.hanton@tepou.co.nz.

About your organisation

Firstly, we would like to ask you about your organisation, a key contact person for this survey, and health contracts for mental health and AOD services.

Your organisation name?

_____

Your contact email address?
We will only contact you if we need to ask questions about this survey.

_____

Over the last year, which DHB(s) contracted your organisation to deliver AOD services or mental health services?
Select as many as apply. Do not include forensic mental health services.

- ☐ Northland
- ☐ Waitematā
- ☐ Auckland
- ☐ Counties Manukau
- ☐ Waikato
- ☐ Bay of Plenty
- ☐ Tairāwhiti
- ☐ Lakes
- ☐ Hawke's Bay
- ☐ Taranaki
- ☐ Whanganui
- ☐ MidCentral
- ☐ Hutt Valley
- ☐ Wairarapa
- ☐ Capital & Coast
- ☐ Nelson Marlborough
- ☐ West Coast
- ☐ Canterbury
- ☐ South Canterbury
- ☐ Southern
- ☐ Other Ministry of Health contracts

Approximately what proportion of total contract funding received by your organisation for adult mental health and addiction services comes from contracts with DHB(s) or the Ministry of Health?

_____%

From which other sources does your organisation also receive funding for mental health and addiction services? Tick as many as apply.

- ☐ No other sources
- ☐ MSD
- ☐ Justice
- ☐ Corrections
- ☐ Te Puni Kōkiri
- ☐ Private sector
- ☐ Charity
- ☐ Fundraising
- ☐ Other: _____

Workforce size and composition

The following section asks about your people (numbers and FTEs employed) who deliver addiction, and mental health services contracted by each DHB, and any vacancies as at 31 March 2018.

For ease of completion, we have clustered the workforce into the groups below. It may be useful to print this page before proceeding.

Workforce groups:

Support roles	
Peer support (consumer and service user) workers	Role filled by a person with lived experience of addiction or mental distress and recovery who works alongside individuals and groups to nurture hope and personal power and to inspire them to move forward in their lives.
Peer support (family and whānau) workers	Role filled by a person with lived experience of supporting a whānau member, who provide support to other whānau who have a loved one experiencing mental health issues or addiction.
Support workers (all others)	All other direct service delivery non-clinical roles providing support to people who have mental health issues or addiction and their whānau. Role titles might include community support worker; residential support worker; cultural support worker; kaiāwhina; healthcare assistant; employment worker; family support worker. This group can include *dapaanz* members who do not hold an allied health, nursing or other clinical qualification.
Allied health roles	
Social workers	Social professionals who provide social work support and are registered with the New Zealand Social Workers' Registration Board.
Occupational therapists	Health professionals providing occupational therapy who are registered with the Occupational Therapy Board of New Zealand.

Psychologists	Psychological professionals registered with the NZ Psychologists Board, including clinical psychologists, educational, organisational psychologists and other psychologists.
dapaanz registered health professionals	Social and health professionals registered or endorsed with *dapaanz* for provision of addiction treatment.
Other allied health roles	Other allied health professionals not covered above eg counsellors, therapists, psychotherapists, educators, and trainers.
Other clinical roles	
Nurses	Nurses registered with the Nursing Council of New Zealand including registered nurses, nurse practitioners, nurse specialists, nurse educators and enrolled nurses.
Medical practitioners	Registered medical professionals across all specialisms eg general practitioners, psychiatrists, psychiatric registrars, medical officer special scale.
Other clinical roles	Clinical roles in direct service delivery that are not able to be allocated to any of the preceding categories eg service coordinators, needs assessment coordinators, clinical liaison.
Admin and management roles	
Administration, business, and technical support roles	Dedicated administration, business and technical roles that are not directly involved in mental health and addiction treatment and support. Role titles might include administrator, receptionist, IT specialist, cook, cleaner, housekeeper, driver, security guard.
Service managers and team leaders	Dedicated team leaders and service managers who provide direct line management to the workforce.

As at 31 March 2018, what workforce delivered on your organisation's contracts with _____ DHB? Please summarise your workforce into the relevant groups provided for AOD contracts and for mental health contracts.

FTE positions are calculated as the total number of hours worked by employees in the group each week divided by 40 hours. For example, if the total hours per week worked by all support workers is 320 hours then the FTE positions employed would be 320/40 = 8 FTEs.

We know that some people may work across multiple DHB areas or deliver on both AOD and mental health contracts. If this is the case record them as a person in each DHB locality or contract group and divide their FTE position employed in a representative way across each. For example, if Jenny works 0.75 FTEs across three DHBs, then she would be recorded as a person in each locality (3 times) and her contribution to each DHB workforce would be 0.25 FTE.

Workforce group	AOD contracts			Mental health contracts		
	People employed	FTEs employed	FTEs vacant	People employed	FTEs employed	FTEs vacant
Support roles						
Peer support (consumer and service user) workers						
Peer support (family and whānau) workers						
Support workers (all others)						
Allied health roles						
Social workers						
Occupational therapists						
Psychologists						
dapaanz registered health professionals						
Other allied health roles						
Other clinical roles						
Nurses						
Medical practitioners						
Other clinical roles						
Admin and management roles						
Administration, business, and technical support roles						
Service managers and team leaders						

[repeat this table as often as required to show all DHB contracts]

As at 31 March 2018, what workforce delivered on your organisation's contracts with the Ministry of Health? Please summarise your workforce into the relevant groups provided for AOD contracts and for mental health contracts.

FTE positions are calculated as the total number of hours worked by employees in the group each week divided by 40 hours. For example, if the total hours per week worked by all support workers is 320 hours then the FTE positions employed would be 320/40 = 8 FTEs.

We know that some people may work across multiple DHB areas or deliver on both AOD and mental health contracts. If this is the case record them as a person in each DHB locality or contract group and divide their FTE position employed in a representative way across each. For example, if Jenny works 0.75 FTEs across three DHBs, then she would be recorded as a person in each locality (3 times) and her contribution to each DHB workforce would be 0.25 FTE.

Workforce group	AOD contracts			Mental health contracts		
	People employed	FTEs employed	FTEs vacant	People employed	FTEs employed	FTEs vacant
Support roles						
Peer support (consumer and service user) workers						
Peer support (family and whānau) workers						
Support workers (all others)						
Allied health roles						
Social workers						
Occupational therapists						
Psychologists						
dapaanz registered health professionals						
Other allied health roles						
Other clinical roles						
Nurses						
Medical practitioners						
Other clinical roles						
Admin and management roles						
Administration, business, and technical support roles						
Service managers and team leaders						

In which DHB-localities or regions was this workforce primarily delivering services? _____

Organisation oversight and support

We would like to ask about people in your organisation whose work provides oversight and support necessary for the organisation to provide mental health and addiction services. Please include them below, if these people have not already been described in your answer to the previous question.

The following definitions are provided for this group:

Senior managers	Senior organisation leadership who provide oversight and support across the organisation eg CEO, general manager, clinical director, regional manager, finance manager, contracts manager.
Administration, business and technical support roles	Administration, business and technical roles that provide support across the organisation, eg accountant, accounts payable staff, payroll staff, fundraisers, IT support.
Strategic development roles	Roles focused on strategic advice and organisation development eg researchers, data analysts, policy analysts, workforce planners.
Peer leader or advisor	Lived experience roles providing operational and strategic advice on peer values and recovery principles to ensure the voices and experiences of people who access services influence organisation development and direction.
Peer supervisor	Lived experience roles that provide supervision to peer support workers to review practice and support the worker's development in their role.
Peer trainer or educator	Lived experience roles that develop and deliver training and education to mental health and addiction workforce, people who access services and their whānau.
Peer researcher or evaluator	Researchers and evaluators with lived experience of addiction or mental health issues.

What is the workforce providing oversight, advice and support across your whole organisation as at 31 March 2018?

Include information about roles that have direct or indirect impact on the workforce delivering adult AOD or mental health services contracted by DHBs or the Ministry of Health, and who have not already been described in previous survey questions.

Occupation group or role	Total employees	FTEs employed	FTEs vacant
Senior managers			
Administration, business and technical support roles			
Strategic development roles			
Peer leader or advisor			
Peer supervisor			
Peer trainer or educator			
Peer researcher or evaluator			

Does your organisation use unpaid interns and volunteers to support delivery services? If yes, how many such people supported your organisation's AOD or mental health services during the year ended 31 March 2018?

Services delivered	Yes	No	Total volunteers (people)
Addiction			
Mental health			
Both mental health and addiction			

Workforce development

Next, we would like to ask about your organisation's current status of some workforce development activities relevant to the *Mental health and addiction workforce action plan 2017-2021* (Ministry of Health, 2018).

The following questions relate to:

- the development of advanced career pathways
- provision of clinical supervision
- development of advanced peer workforce roles.

What is the current status of your organisation's support for professional development to advanced career pathways for the following workforce groups?
Select the option that best applies.

	Not applicable	**We do not provide this**	**We plan to implement in future**	**We have recently implemented**	**This is well established**
Support workers including peer support workers					
dapaanz registered health professionals					
Allied health professionals					
Nurses					

Add any further comments about your organisation's professional development activities here:

Which option best describes your organisation's current provision of clinical supervision to the following workforce groups?

	Not applicable	**We do not provide this**	**We plan to implement in future**	**We have recently implemented**	**This is well established for our staff**
Allied health professionals					
Nurses					

Add any further comments about your organisation's support current provision of clinical supervision here:

What is your organisation's current position in relation to developing advanced peer workforce roles? The definitions provided previously are below.

- Peer leader or advisor - Lived experience roles providing operational and strategic advice on peer values and recovery principles to ensure the voices and experiences of people who access services influence organisation development and direction.
- Peer supervisor - Lived experience roles that provide supervision to peer support workers to review practice and support the worker's development in their role.
- Peer trainer or educator - Lived experience roles that develop and deliver training and education to mental health and addiction workforce, people who access services and their whānau.
- Peer researcher or evaluator - Researchers and evaluators with lived experience of addiction or mental health issues.

	Not applicable	**We do not have these roles**	**We plan to implement in future**	**We have recently implemented**	**These roles are well established**
Peer advisor or leader					
Peer supervisor					
Peer trainer or educator					
Peer researcher or evaluator					

Add any further comment about development of advanced peer workforce role.

Recruitment and retention

Finally, to better understand recruitment and retention pressures on your organisation, please complete the following questions about your workforce turnover and recruitment issues.

Between 1 April 2017 and 31 March 2018, how many people joined your organisation's workforce delivering AOD or mental health services and what were their FTE contribution to the workforce? Provide the same information for people who resigned during this period.

Count all people entering or leaving a permanent or fixed term employment agreement with your organisation. Do not include people:

- who were volunteers or unpaid interns
- on casual contracts
- whose job title or role has changed within the term of employment (e.g. promotions).
- who are on long term paid or unpaid leave (eg maternity leave).

Workforce group	People entering employment	FTEs recruited	People leaving employment	FTEs resigned
Support worker roles				
Peer support (consumer and service user) workers				
Peer support (family and whānau) workers				
Support workers (all others)				
Allied health roles				
Social workers				
Occupational therapists				
Psychologists				
dapaanz registered health professionals				
Other allied health roles				
Other clinical roles				
Nurses				
Medical practitioners				
Other clinical roles				
Administration and management				
Administration, business, and technical support roles				
Service managers and team leaders				

During recruiting processes, how difficult is it to attract and employ the right people to the following workforce groups?

	Not difficult	Mildly difficult	Moderately difficult	Very difficult
Support worker roles				
Peer support (consumer and service user) workers				
Peer support (family and whānau) workers				
Support workers (all others)				
Allied health roles				
Social workers				
Occupational therapists				
Psychologists				
dapaanz registered health professionals				
Other allied health roles				
Other clinical roles				
Nurses				
Medical practitioners				
Other clinical roles				
Administration and management				
Administration, business, and technical support roles				
Service managers and team leaders				

Add any further comment about recruitment or retention issues:

Thank you for contributing to this important survey about the NGO workforce. Survey findings will be available later this year and sent to your organisation. You can keep up to date with this project and others by signing up to our e-bulletin.

Appendix B: NGO mental health and addiction workforce

Table 6. *Estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of NGO workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	58.8	257.1	315.9	7.6	2.7
Peer support (family and whānau) workers	5.2	39.9	45.1	1.1	1.6
Support workers (all other)	170.5	2,121.1	2,291.6	55.1	5.4
Non-clinical roles total	**234.5**	**2,418.2**	**2,652.7**	**63.8**	**5.0**
Clinical roles					
Social workers	50.2	62.2	112.4	2.7	-
Occupational therapists	2.9	26.6	29.5	0.7	-
Psychologists	0.3	14.2	14.5	0.3	-
dapaanz registered health professionals	322.5	24.9	347.4	8.4	9.9
Other allied health roles	47.2	101.9	149.1	3.6	1.0
Nurses	31.0	142.9	173.9	4.2	3.0
Medical practitioners	3.9	15.1	19.0	0.5	30.6
Other clinical roles	14.7	37.2	51.9	1.2	10.9
Clinical roles total	**472.6**	**425.0**	**897.7**	**21.6**	**5.9**
Administration & management roles					
Administration roles	37.9	152.3	190.2	4.6	0.5
Service managers & team leaders	61.1	313.8	374.8	9.0	2.0
Peer leader or advisor	6.6	20.3	27.0	0.6	0.7
Peer researcher or evaluator	0.5	0.1	0.6	-	12.1
Peer supervisor	-	0.9	0.9	-	-
Peer trainer or educator	0.3	13.9	14.1	0.3	-
Administration & management total	**106.4**	**501.3**	**607.6**	**14.6**	**1.4**
Total workforce (FTEs)	**813.5**	**3,344.4**	**4,158.0**	**100.0**	**4.7**

Table 7. *Northern region, estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of region's workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	24.3	120.7	145.0	10.3	2.2
Peer support (family and whānau) workers	0.2	6.9	7.1	0.5	1.1
Support workers	30.6	796.2	826.8	58.9	4.8
Non-clinical roles total	**55.2**	**923.8**	**978.9**	**69.8**	**4.4**
Clinical roles					
Social workers	6.2	20.7	26.9	1.9	-
Occupational therapists	1.1	9.8	10.9	0.8	-
Psychologists	0.0	9.3	9.3	0.7	-
dapaanz registered professionals	63.0	6.0	69.1	4.9	11.1
Other allied health roles	7.6	51.2	58.8	4.2	0.1
Nurses	4.6	34.9	39.5	2.8	6.3
Medical practitioners	2.2	6.2	8.4	0.6	32.4
Other clinical roles	5.7	5.6	11.3	0.8	15.0
Clinical roles total	**90.4**	**143.7**	**234.1**	**16.7**	**6.2**
Administration & management					
Administration & technical support	8.9	45.0	53.9	3.8	0.2
Service managers & team leaders	16.5	112.9	129.4	9.2	4.1
Peer advisor or leader	0.4	3.1	3.5	0.2	-
Peer researcher or evaluator	0.03	0.03	0.06	0.0	50.0
Peer supervisor	-	0.1	0.1	0.0	-
Peer trainer or educator	0.0	2.7	2.7	0.2	-
Administration & management total	**25.8**	**163.8**	**189.6**	**13.5**	**2.9**
Northern region total	**171.4**	**1,231.3**	**1,402.7**	**100.0**	**4.5**

Table 8. *Midland region, estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of region's workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	9.2	40.3	49.5	5.5	1.2
Peer support (family and whānau) workers	4.0	10.6	14.6	1.6	0.2
Support workers	42.8	452.7	495.5	55.0	3.3
Non-clinical roles total	**55.9**	**503.7**	**559.6**	**62.1**	**3.1**
Clinical roles					
Social workers	8.9	9.6	18.5	2.0	-
Occupational therapists	0.3	3.4	3.7	0.4	-
Psychologists	0.2	1.0	1.2	0.1	-
dapaanz registered professionals	66.8	4.8	71.6	7.9	10.3
Other allied health roles	28.0	25.6	53.7	6.0	0.2
Nurses	6.3	42.1	48.5	5.4	0.8
Medical practitioners	0.3	1.0	1.3	0.1	22.2
Other clinical roles	4.3	8.4	12.7	1.4	2.4
Clinical roles total	**115.2**	**96.0**	**211.1**	**23.4**	**4.0**
Administration & management					
Administration & technical support	9.9	28.4	38.3	4.3	0.1
Service managers & team leaders	12.0	69.9	81.9	9.1	0.8
Peer advisor or leader	3.2	5.5	8.7	1.0	-
Peer researcher or evaluator	0.05	0.01	0.06	0.0	16.7
Peer supervisor	-	0.0	0.0	0.0	-
Peer trainer or educator	0.1	1.7	1.8	0.2	-
Administration & management total	**25.2**	**105.6**	**130.8**	**14.5**	**0.5**
Midland region total	**196.3**	**705.2**	**901.6**	**100.0**	**2.9**

Table 9. *Central region, estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of region's workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	3.3	50.9	54.2	7.6	1.6
Peer support (family and whānau) workers	0.2	19.1	19.3	2.7	2.8
Support workers	22.0	415.0	437.0	61.1	10.5
Non-clinical roles total	25.5	485.0	510.5	71.3	9.3
Clinical roles				-	
Social workers	4.0	10.2	14.1	2.0	-
Occupational therapists	0.1	4.5	4.6	0.6	-
Psychologists	0.0	0.8	0.8	0.1	-
dapaanz registered professionals	33.4	4.9	38.3	5.3	10.7
Other allied health roles	2.9	7.7	10.5	1.5	0.6
Nurses	4.0	19.7	23.8	3.3	5.3
Medical practitioners	0.5	0.8	1.4	0.2	23.0
Other clinical roles	2.6	7.1	9.6	1.3	22.9
Clinical roles total	**47.4**	**55.7**	**103.1**	**14.4**	**7.7**
Administration & management				-	
Administration & technical support	4.3	19.6	23.9	3.3	0.2
Service managers & team leaders	7.2	66.7	73.8	10.3	0.4
Peer advisor or leader	0.3	3.1	3.4	0.5	-
Peer researcher or evaluator	0.0	0.0	0.0	0.0	33.3
Peer supervisor	-	0.0	0.0	0.0	-
Peer trainer or educator	0.0	0.8	0.8	0.1	-
Administration & management total	**11.7**	**90.2**	**102.0**	**14.3**	**0.3**
Central region total	**84.7**	**630.9**	**715.6**	**100.0**	**7.8**

Table 10. *South Island region, estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of region's workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	10.4	43.1	53.4	6.4	1.2
Peer support (family and whānau) workers	0.4	3.0	3.4	0.4	1.5
Support workers	33.4	434.8	468.2	56.1	3.8
Non-clinical roles total	**44.1**	**480.9**	**525.0**	**62.9**	**3.5**
Clinical roles				-	
Social workers	27.7	18.2	45.9	5.5	-
Occupational therapists	1.2	5.1	6.3	0.8	-
Psychologists	0.0	1.1	1.1	0.1	-
dapaanz registered professionals	54.2	2.4	56.6	6.8	6.3
Other allied health roles	5.5	14.6	20.1	2.4	5.5
Nurses	7.7	16.7	24.4	2.9	1.6
Medical practitioners	0.5	2.1	2.7	0.3	53.7
Other clinical roles	1.1	14.3	15.4	1.8	9.3
Clinical roles total	**97.9**	**74.6**	**172.5**	**20.7**	**4.6**
Administration & management				-	
Administration & technical support	10.8	46.0	56.8	6.8	1.2
Service managers & team leaders	19.8	57.3	77.1	9.2	0.7
Peer advisor or leader	0.5	1.7	2.2	0.3	9.0
Peer researcher or evaluator	0.03	0.02	0.05	0.0	40.0
Peer supervisor	-	0.1	0.1	0.0	-
Peer trainer or educator	0.0	1.0	1.1	0.1	-
Administration & management total	**31.2**	**106.2**	**137.3**	**16.5**	**1.0**
South Island region total	**173.2**	**661.6**	**834.8**	**100.0**	**3.3**

A small section of the workforce delivered services nationally. This included workforce reported by organisations receiving funding from multiple DHBs in more than one region, estimated workforce in non-reporting organisations funded by the Ministry of Health, and advanced peer workforce roles in organisations delivering services over more than one region.

Table 11. *Estimated NGO mental health and addiction workforce (FTEs employed and vacant) in national roles, by roles and services delivered*

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	11.7	2.1	13.9	4.6	-
Peer support (family and whānau) workers	0.3	0.3	0.7	0.2	-
Support workers	41.7	22.4	64.0	21.1	-
Non-clinical roles total	**53.7**	**24.8**	**78.6**	**25.9**	**10.6**
Clinical roles				-	**1.7**
Social workers	3.4	3.5	6.9	2.3	2.1
Occupational therapists	0.2	3.9	4.1	1.3	20.0
Psychologists	0.0	2.2	2.2	0.7	1.4
dapaanz registered professionals	105.2	6.7	111.8	36.9	7.8
Other allied health roles	3.2	2.8	6.0	2.0	
Nurses	8.4	29.4	37.8	12.5	22.4
Medical practitioners	0.3	4.9	5.2	1.7	1.5
Other clinical roles	1.0	1.9	2.9	1.0	5.4
Clinical roles total	**121.7**	**55.1**	**176.9**	**58.3**	**8.4**
Administration & management				-	
Administration & technical support	4.0	13.2	17.3	5.7	0.1
Service managers & team leaders	5.6	7.0	12.6	4.2	4.0
Peer advisor or leader	2.3	6.9	9.2	3.0	-
Peer researcher or evaluator	0.4	0.0	0.4	0.1	-
Peer supervisor	-	0.6	0.6	0.2	-
Peer trainer or educator	0.1	7.7	7.8	2.6	-
Administration & management total	**12.4**	**35.5**	**47.9**	**15.8**	**1.1**
National roles total	**187.9**	**115.4**	**303.3**	**100.0**	**6.9**

Table 12. *Summary of estimated NGO adult mental health and addiction FTE workforce (employed plus vacant), by DHB-locality and region.*

DHB-locality and region	Service delivery workforce		Administration and management	Total workforce	Vacancy rate (%)
	Non-clinical workforce	Clinical workforce			
Northern region					
Northland	101.9	30.1	20.0	152.0	9.2
Waitematā	292.5	77.3	56.3	426.2	1.9
Auckland	280.1	54.7	46.9	381.8	7.2
Counties Manukau	304.4	71.9	66.4	442.7	3.0
Northern region total	**978.9**	**234.1**	**189.6**	**1,402.7**	**4.5**
Midland					
Waikato	255.1	69.9	58.1	383.1	2.1
Bay of Plenty	113.7	56.0	32.7	202.4	1.2
Tairāwhiti	29.1	17.7	5.9	52.7	4.3
Lakes	88.2	43.6	14.3	146.1	8.0
Taranaki	73.4	23.9	19.8	117.1	1.7
Midland region total	**559.6**	**211.1**	**130.8**	**901.6**	**2.9**
Central					
Hawke's Bay	92.7	12.6	13.7	119.0	2.3
Whanganui	56.9	9.1	14.3	80.3	3.5
MidCentral	84.1	18.9	17.8	120.8	7.5
Hutt Valley	59.5	22.8	12.6	94.9	4.2
Wairarapa	22.2	11.2	7.1	40.5	8.4
Capital & Coast	195.0	28.4	36.6	260.0	13.0
Central region total	**510.5**	**103.1**	**102.0**	**715.6**	**7.8**
South Island					
Nelson Marlborough	63.2	12.2	13.5	88.9	3.5
West Coast	21.6	3.3	3.2	28.1	3.3
Canterbury	312.7	124.2	90.6	527.4	3.1
South Canterbury	26.4	4.0	6.1	36.5	1.8
Southern	101.1	28.8	24.1	154.0	4.3
South Island region total	**525.0**	**172.5**	**137.3**	**834.8**	**3.3**
National roles total	**78.6**	**176.9**	**47.9**	**303.3**	**6.9**
Total workforce	**2,652.7**	**897.7**	**607.6**	**4,158.0**	**4.7**

Note:
Information reported to DHB-locality has been aggregated to non-clinical and clinical workforce to ensure anonymity of respondents.

Table 13. *Estimated NGO adult mental health and addiction FTE workforce (employed plus vacant) per 100,000 adult population, by DHB-locality and region*

DHB-locality and region	Service delivery workforce per 100,000 adults		Administration & management per 100,000 adults	FTE workforce per 100,000 adults	Adult population (20+ years)
	Non-clinical workforce	Clinical workforce			
Northern					
Northland	80.4	23.8	15.8	120.0	126,720
Waitematā	65.0	17.2	12.5	94.8	449,810
Auckland	68.8	13.4	11.5	93.8	406,900
Counties Manukau	78.8	18.6	17.2	114.6	386,200
Northern region total	**71.5**	**17.1**	**13.8**	**102.4**	**1,369,630**
Midland					
Waikato	86.6	23.7	19.7	130.0	294,600
Bay of Plenty	66.9	33.0	19.2	119.1	170,010
Tairāwhiti	87.4	53.2	17.8	158.4	33,295
Lakes	113.5	56.1	18.5	188.1	77,700
Taranaki	85.5	27.8	23.0	136.3	85,930
Midland region total	**84.6**	**31.9**	**19.8**	**136.3**	**661,535**
Central					
Hawkes Bay	78.5	10.7	11.6	100.8	118,050
Whanganui	121.6	19.4	30.5	171.5	46,830
MidCentral	65.0	14.6	13.7	93.4	129,350
Hutt Valley	54.9	21.0	11.6	87.5	108,410
Wairarapa	66.9	33.9	21.2	122.0	33,225
Capital and Coast	82.7	12.1	15.5	110.3	235,690
Central region total	**76.0**	**15.3**	**15.2**	**106.6**	**671,555**
South Island					
Nelson Marlborough	56.0	10.9	11.9	78.8	112,790
West Coast	88.1	13.3	12.9	114.2	24,565
Canterbury	75.6	30.0	21.9	127.5	413,690
South Canterbury	58.4	8.8	13.4	80.6	45,225
Southern	41.7	11.8	9.9	63.4	242,760
South Island	**62.6**	**20.6**	**16.4**	**99.5**	**839,030**
National roles	**2.2**	**5.0**	**1.4**	**8.6**	**3,541,750**
Total workforce	**74.9**	**25.3**	**17.2**	**117.4**	**3,541,750**

Source:Statistics New Zealand (2017).

Table 14. *Total reported recruitment and resignations and respective workforce growth or contraction for the year ended 31 March 2018*

Role (group)	FTEs recruited	Proportion of reported workforce (%)	FTEs resigned	Proportion of reported workforce (%)	Growth (decrease) in FTEs
Non-clinical roles					
Peer support (consumer)	50.7	2.0	27.9	1.1	22.8
Peer support (whānau)	1.0	0.0	0.5	0.0	0.5
Support workers	319.8	12.7	354.3	14.1	-34.5
Non-clinical roles total	**371.5**	**14.8**	**382.7**	**15.3**	**-11.3**
Clinical roles					
Social workers	18.3	0.7	19.0	0.8	-0.7
Occupational therapists	2.5	0.1	1.3	0.0	1.3
Psychologists	1.9	0.1	0.9	0.0	1.0
dapaanz registered professionals	81.3	3.2	70.3	2.8	10.9
Other allied health	25.5	1.0	18.7	0.7	6.8
Nurses	13.7	0.5	16.9	0.7	-3.2
Medical practitioners	0.0	0.0	3.3	0.1	-3.3
Other clinical roles	4.0	0.2	3.0	0.1	1.0
Clinical roles total	**147.1**	**5.9**	**133.4**	**5.3**	**13.8**
Administration & management					
Administration roles	32.6	1.3	23.9	1.0	8.6
Service managers & team leaders	28.3	1.1	36.4	1.4	-8.1
Administration & management total	**60.8**	**2.4**	**60.3**	**2.4**	**0.5**
Total workforce	**579.4**	**23.3**	**576.4**	**23.2**	**3.0**

Note: proportions are calculated using the total workforce reported by surveys with valid responses for recruitment and resignations, which totalled 2,509 FTE positions.

Appendix C: NGO AOD workforce

The following tables describe the estimated workforce delivering AOD services.

Table 15. *Estimated NGO AOD workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of NGO AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	54.7	4.1	58.9	7.2	7.0
Peer support (family and whānau) workers	5.2	-	5.2	0.6	-
Support workers (all other)	163.4	7.0	170.5	21.0	4.1
Non-clinical roles total	**223.3**	**11.2**	**234.5**	**28.8**	**4.8**
Clinical roles					
Social workers	50.2	-	50.2	6.2	-
Occupational therapists	2.9	-	2.9	0.4	-
Psychologists	0.3	-	0.3	0.0	-
dapaanz registered health professionals	293.0	29.5	322.5	39.6	9.1
Other allied health roles	45.7	1.5	47.2	5.8	3.1
Nurses	28.6	2.3	31.0	3.8	7.6
Medical practitioners	3.9	-	3.9	0.5	-
Other clinical roles	14.7	-	14.7	1.8	-
Clinical roles total	**439.3**	**33.3**	**472.6**	**58.1**	**7.0**
Administration & management roles					
Administration roles	37.9	-	37.9	4.7	-
Service managers & team leaders	53.7	7.3	61.1	7.5	12.0
Peer leader or advisor	6.6	-	6.6	0.8	-
Peer researcher or evaluator	0.5	-	0.5	0.1	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.3	-	0.3	0.0	-
Administration & management total	**99.0**	**7.3**	**106.4**	**13.1**	**6.9**
Total workforce (FTEs)	**761.7**	**51.8**	**813.5**	**100.0**	**6.4**

Table 16. *Northern region, estimated NGO AOD workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	24.1	0.2	24.3	14.2	0.8
Peer support (family and whānau) workers	0.2	-	0.2	0.1	-
Support workers	29.9	0.8	30.6	17.9	2.4
Non-clinical roles total	**54.2**	**1.0**	**55.2**	**32.2**	**1.7**
Clinical roles					
Social workers	6.2	-	6.2	3.6	-
Occupational therapists	1.1	-	1.1	0.7	-
Psychologists	0.0	-	0.0	0.0	-
dapaanz registered professionals	58.0	5.0	63.0	36.8	8.0
Other allied health roles	7.5	0.1	7.6	4.4	1.1
Nurses	3.4	1.1	4.6	2.7	24.5
Medical practitioners	2.2	-	2.2	1.3	-
Other clinical roles	5.7	-	5.7	3.3	-
Clinical roles total	**84.2**	**6.2**	**90.4**	**52.7**	**6.9**
Administration & management					
Administration & technical support	8.9	-	8.9	5.2	-
Service managers & team leaders	11.2	5.4	16.5	9.6	32.4
Peer advisor or leader	0.4	-	0.4	0.2	-
Peer researcher or evaluator	0.0	-	0.0	0.0	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.0	-	0.0	0.0	-
Administration & management total	**20.5**	**5.4**	**25.8**	**15.1**	**20.7**
Northern region total	**158.9**	**12.5**	**171.4**	**100.0**	**7.3**

Table 17. *Midland region, estimated NGO AOD workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	8.8	0.4	9.2	4.7	4.0
Peer support (family and whānau) workers	4.0	-	4.0	2.0	-
Support workers	42.2	0.6	42.8	21.8	1.5
Non-clinical roles total	**54.9**	**1.0**	**55.9**	**28.5**	**1.8**
Clinical roles				-	
Social workers	8.9	-	8.9	4.5	-
Occupational therapists	0.3	-	0.3	0.1	-
Psychologists	0.2	-	0.2	0.1	-
dapaanz registered professionals	60.6	6.1	66.8	34.0	9.2
Other allied health roles	27.9	0.1	28.0	14.3	0.5
Nurses	6.1	0.2	6.3	3.2	3.3
Medical practitioners	0.3	-	0.3	0.2	-
Other clinical roles	4.3	-	4.3	2.2	-
Clinical roles total	**108.7**	**6.5**	**115.2**	**58.7**	**5.6**
Administration & management				-	
Administration & technical support	9.9	-	9.9	5.0	-
Service managers & team leaders	11.3	0.7	12.0	6.1	5.5
Peer advisor or leader	3.2	-	3.2	1.6	-
Peer researcher or evaluator	0.0	-	0.0	0.0	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.1	-	0.1	0.0	-
Administration & management total	**24.6**	**0.7**	**25.2**	**12.9**	**2.6**
Midland region total (FTEs)	**188.2**	**8.1**	**196.3**	**100.0**	**4.1**

Table 18. *Central region, estimated NGO AOD workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	3.1	0.2	3.3	3.9	4.8
Peer support (family and whānau) workers	0.2	-	0.2	0.2	-
Support workers	19.4	2.6	22.0	26.0	11.7
Non-clinical roles total	**22.8**	**2.7**	**25.5**	**30.1**	**10.7**
				-	
Clinical roles					
Social workers	4.0	-	4.0	4.7	-
Occupational therapists	0.1	-	0.1	0.1	-
Psychologists	0.0	-	0.0	0.0	-
dapaanz registered professionals	30.1	3.3	33.4	39.4	9.9
Other allied health roles	2.8	0.1	2.9	3.4	2.1
Nurses	3.9	0.1	4.0	4.7	2.2
Medical practitioners	0.5	-	0.5	0.6	-
Other clinical roles	2.6	-	2.6	3.0	-
Clinical roles total	**44.0**	**3.4**	**47.4**	**56.0**	**7.3**
Administration & management					
Administration & technical support	4.3	-	4.3	5.0	-
Service managers & team leaders	6.9	0.3	7.2	8.5	4.0
Peer advisor or leader	0.3	-	0.3	0.3	-
Peer researcher or evaluator	0.0	-	0.0	0.0	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.0	-	0.0	0.0	-
Administration & management total	**11.5**	**0.3**	**11.7**	**13.9**	**2.5**
Central region total	**78.2**	**6.5**	**84.7**	**100.0**	**7.6**

Table 19. *South Island region, estimated NGO AOD workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	10.0	0.3	10.4	6.0	3.0
Peer support (family and whānau) workers	0.4	-	0.4	0.2	-
Support workers	32.9	0.5	33.4	19.3	1.6
Non-clinical roles total	**43.3**	**0.8**	**44.1**	**25.5**	**1.9**
Clinical roles				-	
Social workers	27.7	-	27.7	16.0	-
Occupational therapists	1.2	-	1.2	0.7	-
Psychologists	0.0	-	0.0	0.0	-
dapaanz registered professionals	51.0	3.2	54.2	31.3	5.9
Other allied health roles	4.4	1.1	5.5	3.2	20.2
Nurses	7.5	0.2	7.7	4.4	2.1
Medical practitioners	0.5	-	0.5	0.3	-
Other clinical roles	1.1	-	1.1	0.6	-
Clinical roles total	**93.5**	**4.4**	**97.9**	**56.5**	**4.5**
Administration & management				-	
Administration & technical support	10.8	-	10.8	6.2	-
Service managers & team leaders	19.3	0.5	19.8	11.4	2.7
Peer advisor or leader	0.5	-	0.5	0.3	-
Peer researcher or evaluator	0.0	-	0.0	0.0	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.0	-	0.0	0.0	-
Administration & management total	**30.6**	**0.5**	**31.2**	**18.0**	**1.7**
South Island region total	**167.4**	**5.8**	**173.2**	**100.0**	**3.4**

Table 20. *Estimated NGO AOD* workforce (FTEs *employed and vacant*) *in national roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region AOD workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	8.7	3.1	11.7	6.2	26.3
Peer support (family and whānau) workers	0.3	-	0.3	0.2	-
Support workers	39.1	2.6	41.7	22.2	6.2
Non-clinical roles total	**48.1**	**5.7**	**53.7**	**28.6**	**10.5**
Clinical roles				-	
Social workers	3.4	-	3.4	1.8	-
Occupational therapists	0.2	-	0.2	0.1	-
Psychologists	0.0	-	0.0	0.0	-
dapaanz registered professionals	93.3	11.8	105.2	56.0	11.2
Other allied health roles	3.1	0.1	3.2	1.7	3.1
Nurses	7.6	0.8	8.4	4.5	9.1
Medical practitioners	0.3	-	0.3	0.1	-
Other clinical roles	1.0	-	1.0	0.5	-
Clinical roles total	**109.0**	**12.7**	**121.7**	**64.8**	**10.4**
Administration & management				-	
Administration & technical support	4.0	-	4.0	2.2	-
Service managers & team leaders	5.1	0.5	5.6	3.0	9.0
Peer advisor or leader	2.3	-	2.3	1.2	-
Peer researcher or evaluator	0.4	-	0.4	0.2	-
Peer supervisor	-	-	-	-	
Peer trainer or educator	0.1	-	0.1	0.1	-
Administration & management total	**11.9**	**0.5**	**12.4**	**6.6**	**4.0**
National roles total	**169.1**	**18.8**	**187.9**	**100.0**	**10.0**

Table 21. *Summary of estimated NGO adult AOD workforce (FTEs employed and vacant) by DHB-locality and region.*

DHB-locality and region	Service delivery workforce		Administration and management	Total workforce	Vacancy rate (%)
	Non-clinical workforce	Clinical workforce			
Northern region					
Northland	0.0	18.1	3.5	21.7	21.2
Waitematā	8.8	25.0	6.1	39.9	5.5
Auckland	14.7	21.9	6.8	43.5	7.9
Counties Manukau	31.6	25.4	9.4	66.3	3.5
Northern region total	**55.2**	**90.4**	**25.8**	**171.4**	**7.3**
Midland region					
Waikato	23.4	40.2	8.2	71.7	3.1
Bay of Plenty	9.3	27.3	8.1	44.7	1.5
Tairāwhiti	2.0	12.5	1.0	15.5	12.9
Lakes	16.2	30.0	7.9	54.2	3.2
Taranaki	5.0	5.1	0.1	10.2	14.6
Midland region total	**55.9**	**115.2**	**25.2**	**196.3**	**4.1**
Central region					
Hawke's Bay	3.1	3.4	0.2	6.7	-
Whanganui	6.6	-	1.0	7.6	13.2
MidCentral	6.6	11.0	3.1	20.7	6.3
Hutt Valley	4.1	10.4	2.9	17.4	5.2
Wairarapa	-	7.6	2.0	9.6	22.5
Capital & Coast	5.0	15.1	2.6	22.7	4.9
Central region workforce	**25.5**	**47.4**	**11.7**	**84.7**	**7.6**
South Island region					
Nelson Marlborough	4.4	8.9	2.0	15.3	6.4
West Coast	0.4	0.7	0.2	1.2	5.7
Canterbury	36.5	83.4	27.4	147.3	2.4
South Canterbury	1.6	-	1.0	2.6	-
Southern	1.3	4.9	0.6	6.8	18.9
South Island region total	**44.1**	**97.9**	**31.2**	**173.2**	**3.4**
National roles	**53.7**	**121.7**	**12.4**	**187.9**	**10.0**
Total AOD workforce	**234.5**	**472.6**	**106.4**	**813.5**	**6.4**

Note: Information reported to DHB-locality has been aggregated to non-clinical and clinical workforce to ensure anonymity of respondents.

Table 22. *Estimated NGO adult AOD services' FTE workforce (employed plus vacant) per 100,000 adult population, by DHB-locality and region*

DHB-locality and region	Service delivery workforce per 100,000 adults		Administration and management	FTE workforce per 100,000 adults	Adult population (20+ years)
	Non-clinical workforce	Clinical workforce			
Northern					
Northland	0.0	14.3	2.8	17.1	126,720
Waitematā	2.0	5.6	1.4	8.9	449,810
Auckland	3.6	5.4	1.7	10.7	406,900
Counties Manukau	8.2	6.6	2.4	17.2	386,200
Northern region total	**4.0**	**6.6**	**1.9**	**12.5**	**1,369,630**
Midland					
Waikato	8.0	13.6	2.8	24.4	294,600
Bay of Plenty	5.5	16.1	4.7	26.3	170,010
Tairāwhiti	6.0	37.5	3.0	46.6	33,295
Lakes	20.9	38.7	10.2	69.7	77,700
Taranaki	5.8	6.0	0.1	11.9	85,930
Midland region total	**8.5**	**17.4**	**3.8**	**29.7**	**661,535**
Central					
Hawkes Bay	2.6	2.9	0.2	5.7	118,050
Whanganui	14.1	-	2.1	16.2	46,830
MidCentral	5.1	8.5	2.4	16.0	129,350
Hutt Valley	3.8	9.6	2.7	16.1	108,410
Wairarapa	-	22.7	6.0	28.7	33,225
Capital and Coast	2.1	6.4	1.1	9.6	235,690
Central region total	**3.8**	**7.1**	**1.7**	**12.6**	**671,555**
South Island					
Nelson Marlborough	3.9	7.9	1.8	13.6	112,790
West Coast	1.5	2.8	0.7	5.0	24,565
Canterbury	8.8	20.2	6.6	35.6	413,690
South Canterbury	3.5	-	2.2	5.7	45,225
Southern	0.5	2.0	0.2	2.8	242,760
South Island	**5.3**	**11.7**	**3.7**	**20.6**	**839,030**
National roles	**1.5**	**3.4**	**0.4**	**5.3**	**3,541,750**
Total workforce	**6.6**	**13.3**	**3.0**	**23.0**	**3,541,750**

Source:Statistics New Zealand (2017).

Appendix D: NGO mental health workforce

The following tables describe the estimated workforce delivering mental health services.

Table 23. *Estimated NGO mental health workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	252.7	4.3	257.1	7.7	1.7
Peer support (family and whānau) workers	39.2	0.7	39.9	1.2	1.8
Support workers (all other)	2,005.3	115.9	2,121.1	63.4	5.5
Non-clinical roles total	**2,297.2**	**121.0**	**2,418.2**	**72.3**	**5.0**
Clinical roles					
Social workers	62.2	-	62.2	1.9	-
Occupational therapists	26.6	-	26.6	0.8	-
Psychologists	14.2	-	14.2	0.4	-
dapaanz registered health professionals	19.8	5.1	24.9	0.7	20.4
Other allied health roles	101.9	-	101.9	3.0	-
Nurses	140.0	2.9	142.9	4.3	2.1
Medical practitioners	9.3	5.8	15.1	0.5	38.5
Other clinical roles	31.5	5.7	37.2	1.1	15.3
Clinical roles total	**405.5**	**19.5**	**425.0**	**12.7**	**4.6**
Administration & management roles					
Administration roles	151.4	0.9	152.3	4.6	0.6
Service managers & team leaders	313.8	-	313.8	9.4	-
Peer leader or advisor	20.1	0.2	20.3	0.6	1.0
Peer researcher or evaluator	-	0.1	0.1	-	78.8
Peer supervisor	0.9	-	0.9	-	-
Peer trainer or educator	13.9	-	13.9	0.4	-
Administration & management total	**500.1**	**1.1**	**501.3**	**15.0**	**0.2**
Total workforce (FTEs)	**3,202.8**	**141.6**	**3,344.4**	**100.0**	**4.2**

Table 24. *Northern region, estimated NGO mental health workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	117.7	3.0	120.7	9.8	2.5
Peer support (family and whānau) workers	6.8	0.1	6.9	0.6	1.2
Support workers	757.6	38.6	796.2	64.7	4.9
Non-clinical roles total	**882.0**	**41.7**	**923.8**	**75.0**	**4.5**
Clinical roles				-	
Social workers	20.7	-	20.7	1.7	-
Occupational therapists	9.8	-	9.8	0.8	-
Psychologists	9.3	-	9.3	0.8	-
dapaanz registered professionals	3.4	2.6	6.0	0.5	43.3
Other allied health roles	51.2	-	51.2	4.2	-
Nurses	33.6	1.4	34.9	2.8	3.9
Medical practitioners	3.5	2.7	6.2	0.5	43.9
Other clinical roles	3.9	1.7	5.6	0.5	30.4
Clinical roles total	**135.3**	**8.4**	**143.7**	**11.7**	**5.8**
Administration & management				-	
Administration & technical support	44.9	0.1	45.0	3.7	0.2
Service managers & team leaders	112.9	-	112.9	9.2	-
Peer advisor or leader	3.1	-	3.1	0.3	-
Peer researcher or evaluator	-	0.03	0.03	0.0	100.0
Peer supervisor	0.1	-	0.1	0.0	-
Peer trainer or educator	2.7	-	2.7	0.2	-
Administration & management total	**163.7**	**0.1**	**163.8**	**13.3**	**0.1**
Northern region total	**1,181.0**	**50.3**	**1,231.3**	**100.0**	**4.1**

Table 25. *Midland region, estimated NGO mental health workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	40.1	0.2	40.3	5.7	0.6
Peer support (family and whānau) workers	10.6	0.0	10.6	1.5	0.3
Support workers	436.9	15.8	452.7	64.2	3.5
Non-clinical roles total	**487.6**	**16.1**	**503.7**	**71.4**	**3.2**
Clinical roles				-	
Social workers	9.6	-	9.6	1.4	-
Occupational therapists	3.4	-	3.4	0.5	-
Psychologists	1.0	-	1.0	0.1	-
dapaanz registered professionals	3.6	1.3	4.8	0.7	26.3
Other allied health roles	25.6	-	25.6	3.6	-
Nurses	42.0	0.2	42.1	6.0	0.4
Medical practitioners	0.7	0.3	1.0	0.1	30.0
Other clinical roles	8.1	0.3	8.4	1.2	3.6
Clinical roles total	**93.9**	**2.0**	**96.0**	**13.6**	**2.1**
Administration & management				-	
Administration & technical support	28.4	0.0	28.4	4.0	0.1
Service managers & team leaders	69.9	-	69.9	9.9	-
Peer advisor or leader	5.5	-	5.5	0.8	-
Peer researcher or evaluator	-	0.0	0.0	0.0	100.0
Peer supervisor	0.0	-	0.0	0.0	-
Peer trainer or educator	1.7	-	1.7	0.2	-
Administration & management total	**105.5**	**0.0**	**105.6**	**15.0**	**0.0**
Midland region total	**687.0**	**18.2**	**705.2**	**100.0**	**2.6**

Table 26. *Central region, estimated NGO mental health workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	50.1	0.7	50.9	8.1	1.4
Peer support (family and whānau) workers	18.6	0.5	19.1	3.0	2.8
Support workers	371.6	43.5	415.0	65.8	10.5
Non-clinical roles total	**440.3**	**44.7**	**485.0**	**76.9**	**9.2**
Clinical roles				-	
Social workers	10.2	-	10.2	1.6	-
Occupational therapists	4.5	-	4.5	0.7	-
Psychologists	0.8	-	0.8	0.1	-
dapaanz registered professionals	4.1	0.8	4.9	0.8	16.0
Other allied health roles	7.7	-	7.7	1.2	-
Nurses	18.6	1.2	19.7	3.1	5.9
Medical practitioners	0.5	0.3	0.8	0.1	38.1
Other clinical roles	4.9	2.2	7.1	1.1	31.3
Clinical roles total	**51.2**	**4.5**	**55.7**	**8.8**	**8.0**
Administration & management				-	
Administration & technical support	19.6	0.0	19.6	3.1	0.3
Service managers & team leaders	66.7	-	66.7	10.6	-
Peer advisor or leader	3.1	-	3.1	0.5	-
Peer researcher or evaluator	-	0.0	0.0	0.0	
Peer supervisor	0.0	-	0.0	0.0	-
Peer trainer or educator	0.8	-	0.8	0.1	-
Administration & management total	**90.2**	**0.1**	**90.2**	**14.3**	**0.1**
Central region total	**581.7**	**49.3**	**630.9**	**100.0**	**7.8**

Table 27. *South Island region, estimated NGO mental health workforce (FTEs employed and vacant) by roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	42.7	0.3	43.1	6.5	0.8
Peer support (family and whānau) workers	2.9	0.0	3.0	0.5	1.7
Support workers	417.8	17.1	434.8	65.7	3.9
Non-clinical roles total	**463.4**	**17.5**	**480.9**	**72.7**	**3.6**
Clinical roles				-	
Social workers	18.2	-	18.2	2.8	-
Occupational therapists	5.1	-	5.1	0.8	-
Psychologists	1.1	-	1.1	0.2	-
dapaanz registered professionals	2.1	0.4	2.4	0.4	15.5
Other allied health roles	14.6	-	14.6	2.2	-
Nurses	16.5	0.2	16.7	2.5	1.3
Medical practitioners	0.7	1.4	2.1	0.3	67.3
Other clinical roles	12.9	1.4	14.3	2.2	10.0
Clinical roles total	**71.1**	**3.5**	**74.6**	**11.3**	**4.7**
Administration & management				-	
Administration & technical support	45.4	0.7	46.0	7.0	1.4
Service managers & team leaders	57.3	-	57.3	8.7	-
Peer advisor or leader	1.5	0.2	1.7	0.3	11.7
Peer researcher or evaluator	-	0.0	0.0	0.0	100.0
Peer supervisor	0.1	-	0.1	0.0	-
Peer trainer or educator	1.0	-	1.0	0.2	-
Administration & management total	**105.3**	**0.9**	**106.2**	**16.0**	**0.8**
South Island region total	**639.8**	**21.8**	**661.6**	**100.0**	**3.3**

Table 28. *Estimated NGO mental health workforce (FTEs employed and vacant) in national roles*

Role (group)	FTEs employed	FTEs vacant	Total workforce (FTEs)	Proportion of region mental health workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	2.1	0.0	2.1	1.9	1.4
Peer support (family and whānau) workers	0.3	0.0	0.3	0.3	3.2
Support workers	21.5	0.9	22.4	19.4	3.9
Non-clinical roles total	**23.9**	**0.9**	**24.8**	**21.5**	**3.7**
Clinical roles				-	
Social workers	3.5	-	3.5	3.0	-
Occupational therapists	3.9	-	3.9	3.3	-
Psychologists	2.2	-	2.2	1.9	-
dapaanz registered professionals	6.7	0.0	6.7	5.8	0.6
Other allied health roles	2.8	-	2.8	2.4	-
Nurses	29.4	0.0	29.4	25.5	0.1
Medical practitioners	3.9	1.0	4.9	4.3	21.1
Other clinical roles	1.8	0.0	1.9	1.6	2.1
Clinical roles total	**54.0**	**1.1**	**55.1**	**47.8**	**2.1**
Administration & management				-	
Administration & technical support	13.2	0.0	13.2	11.5	0.1
Service managers & team leaders	7.0	-	7.0	6.1	-
Peer advisor or leader	6.9	-	6.9	6.0	-
Peer researcher or evaluator	0.0	-	0.0	0.0	-
Peer supervisor	0.6	-	0.6	0.5	-
Peer trainer or educator	7.7	-	7.7	6.7	-
Administration & management total	**35.4**	**0.0**	**35.5**	**30.7**	**0.0**
National roles total	**113.4**	**2.1**	**115.4**	**100.0**	**1.8**

Table 29. *Summary of estimated NGO adult mental health workforce (FTEs employed and vacant) by DHB-locality and region*

DHB-locality and region	Service delivery workforce		Administration and management	Total workforce	Vacancy rate (%)
	Non-clinical workforce	Clinical workforce			
Northern region					
Northland	101.8	12.0	16.5	130.4	7.2
Waitematā	283.8	52.3	50.2	386.3	1.5
Auckland	265.4	32.8	40.1	338.3	7.1
Counties Manukau	272.8	46.5	57.0	376.3	3.0
Northern region total	**923.8**	**143.7**	**163.8**	**1,231.3**	**4.1**
Midland region					
Waikato	231.7	29.7	49.9	311.4	1.8
Bay of Plenty	104.4	28.7	24.6	157.7	1.1
Tairāwhiti	27.1	5.2	4.9	37.2	0.7
Lakes	72.0	13.5	6.4	92.0	10.9
Taranaki	68.4	18.8	19.7	106.9	0.4
Midland region total	**503.7**	**96.0**	**105.6**	**705.2**	**2.6**
Central region					
Hawke's Bay	89.6	9.2	13.5	112.3	2.4
Whanganui	50.3	9.1	13.3	72.7	2.5
MidCentral	77.5	7.9	14.7	100.1	7.8
Hutt Valley	55.4	12.4	9.7	77.5	4.0
Wairarapa	22.2	3.7	5.1	31.0	4.1
Capital & Coast	190.0	13.3	34.0	237.3	13.8
Central region total	**485.0**	**55.7**	**90.2**	**630.9**	**7.8**
South Island region					
Nelson Marlborough	58.8	3.3	11.5	73.5	2.9
West Coast	21.3	2.6	3.0	26.8	3.2
Canterbury	276.2	40.9	63.1	380.2	3.4
South Canterbury	24.8	4.0	5.1	33.9	1.9
Southern	99.8	23.8	23.5	147.2	3.7
South Island region total	**480.9**	**74.6**	**106.2**	**661.6**	**3.3**
National roles	**24.8**	**55.1**	**35.5**	**115.4**	**1.8**
Total workforce	**2,418.2**	**425.0**	**501.3**	**3,344.4**	**4.2**

Note: Information reported to DHB-locality has been aggregated to non-clinical and clinical workforce to ensure anonymity of respondents.

Table 30. *Estimated NGO adult mental health workforce (FTEs employed and vacant) per 100,000 adult population, by DHB-locality and region*

DHB-locality and region	Service delivery workforce per 100,000 adults		Administration and management	FTE workforce per 100,000 adults	Adult population (20+ years)
	Non-clinical workforce	Clinical workforce			
Northern					
Northland	80.4	9.5	13.0	102.9	126,720
Waitematā	63.1	11.6	11.2	85.9	449,810
Auckland	65.2	8.1	9.9	83.1	406,900
Counties Manukau	70.6	12.0	14.8	97.4	386,200
Northern region total	**67.4**	**10.5**	**12.0**	**89.9**	**1,369,630**
Midland					
Waikato	78.7	10.1	16.9	105.7	294,600
Bay of Plenty	61.4	16.9	14.5	92.8	170,010
Tairāwhiti	81.4	15.6	14.8	111.9	33,295
Lakes	92.7	17.4	8.3	118.4	77,700
Taranaki	79.7	21.8	22.9	124.4	85,930
Midland region total	**76.1**	**14.5**	**16.0**	**106.6**	**661,535**
Central					
Hawkes Bay	75.9	7.8	11.5	95.1	118,050
Whanganui	107.5	19.4	28.4	155.3	46,830
MidCentral	59.9	6.1	11.3	77.4	129,350
Hutt Valley	51.1	11.4	8.9	71.5	108,410
Wairarapa	66.9	11.1	15.2	93.3	33,225
Capital and Coast	80.6	5.7	14.4	100.7	235,690
Central region total	**72.2**	**8.3**	**13.4**	**93.9**	**671,555**
South Island					
Nelson Marlborough	52.1	2.9	10.2	65.2	112,790
West Coast	86.6	10.4	12.3	109.3	24,565
Canterbury	66.8	9.9	15.3	91.9	413,690
South Canterbury	54.8	8.8	11.2	74.9	45,225
Southern	41.1	9.8	9.7	60.6	242,760
South Island	**57.3**	**8.9**	**12.7**	**78.9**	**839,030**
National roles	**0.7**	**1.6**	**1.0**	**3.3**	**3,541,750**
Total workforce	**68.3**	**12.0**	**14.2**	**94.4**	**3,541,750**

Source:Statistics New Zealand (2017).

Appendix E: Funding, population and service use

Health contracts

For the year ended June 2017, NGOs received $311 million in contract income from DHBs and the Ministry of Health to deliver AOD services and mental health services (excluding forensic mental health services). Contracts to deliver AOD services totalled $58 million (16 per cent) and mental health services totalled $253 million (71 per cent).

The value of health contracts with NGOs represented an 11 per cent increase on service delivery funding compared to the same period in 2013 ($280 million). NGO mental health services received slightly higher proportionate increases in values compared to AOD services (11 per cent compared to 9 per cent). NGOs received 30 per cent of the total health funding for secondary care mental health and addiction services, which was slightly lower than their share in 2012/13 (31 per cent); see Table 31.

Table 31. *Comparison of NGO health contract values for AOD and mental health service delivery, for the years ended 30 June 2013 and 2017*

Year	Contracts for AOD services ($)	Contracts for mental health services ($)	Total value of NGO contracts ($)	NGO contracts as proportion of health funding
2016/17	58,098,163	253,014,582	311,112,745	29.8%
2012/13	53,088,569	227,545,045	280,633,614	31.1%
Change ($)	**5,009,594**	**25,469,538**	**30,479,131**	-
Change (%)	**9.4%**	**11.2%**	**10.9%**	-

Source: Ministry of Health Price Volume Schedule 2016/17, 2012/13.

The average health contract funding for NGO mental health and addiction services per adult was $87.84 (people aged 20 years and older). This represented an overall increase of 70 cents per adult compared to 2013. The value of health contracts per population varied by regions. The Midland region had the highest rate, contracting services from NGOs at $103 per adult, and the South Island region the lowest at $71 per adult; see Table 32.

Table 32. *Health contracts held by NGOs per adult (aged 20 years and older) by regions*

Region	AOD contracts ($ per adult)	Mental health contracts ($ per adult)	Total NGO contracts ($ per adult)	Proportion of NGO contracts (%)
Northern	12.09	68.57	80.66	35.5
Midland	19.15	84.28	103.43	22.0
Central	10.77	69.98	80.75	17.4
South Island	12.91	57.54	70.45	19.0
Ministry of Health	3.05	2.28	5.33	6.1
Funding $ per adult	**16.40**	**71.44**	**87.84**	**100.0**

Source: Ministry of Health Price Volume Schedule 2016/17.

Population

In 2017, New Zealand's adult (people aged 20 years and older) population had increased by 10 per cent from 2013 (up to 3.5 million people compared to 3.2 million in 2013). Māori adults comprised 12 per cent of the adult population; adults from Pasifika ethnic groups comprised 5 per cent; adults from Asian ethnic groups were 14 per cent; and all other adults were 68 per cent of the population; see Table 33.

Table 33. *Comparison of New Zealand adult population (aged 20 years and older) 2017 and 2013, by ethnic groups*

Adults (20 years and older)	2017 adult population	2017 proportion of adult population (%)	2013 adult population	2013 proportion of adult population (%)	Change (%)
Māori people	432,230	12.2	390,440	12.1	10.7
Pasifika ethnic groups	191,470	5.4	169,920	5.3	12.7
Asian ethnic groups	511,530	14.4	383,255	11.9	33.5
Other peoples	2,406,520	67.9	2,276,920	70.7	5.7
Total adults	**3,541,750**	**100.0**	**3,220,535**	**100.0**	**10.0**

Source: Statistics New Zealand (2017).

The Northern region had the largest share of the population (39 per cent), followed by the South Island region (24 per cent each), and the Central and Midland regions (19 per cent each). Of the regions, the population in the Northern region grew the most (14 per cent) over the 4 years from 2013, and the Central region grew least (6 per cent); see Table 34.

Table 34. *Comparison of New Zealand adult population (aged 20 years and older) 2017 and 2013, by regions*

Region	2017 adult population	2017 proportion of adult population (%)	2013 adult population	2013 proportion of adult population (%)	Change (%)
Northern	1,369,630	38.7	1,201,450	37.3	14.0
Midland	661,535	18.7	610,770	19.0	8.3
Central	671,555	19.0	631,310	19.6	6.4
South Island	839,030	23.7	777,005	24.1	8.0
Total adults	**3,541,750**	**100.0**	**3,220,535**	**100.0**	**10.0**

Source: Statistics New Zealand (2017).

Service use

For the year ended 31 March 2018, mental health and addiction services saw 133,303 unique people aged 18 years and older. Of those people, 51,586 (39 per cent) were seen by NGOs, with or without being seen by DHB services as well; see Table 35. The ratio of workforce to people accessing mental health and addiction services was 806 FTEs per 10,000 adults.

Table 35. *People seen by NGO mental health and addiction services, year ended 31 March 2018*

Age group	People seen by NGOs only	People seen by NGOs & DHBs	No. people seen by NGOs	Total people accessing services	People seen by NGOs as proportion of total people
18 to 19 years	1,297	1,466	2,763	7,765	36%
20 to 64 years	20,853	25,198	46,051	112,136	41%
65 years and older	1,309	1,463	2,772	13,402	21%
Total people seen	**23,459**	**28,127**	**51,586**	**133,303**	**39%**

Note: People aged 18 years and older, with any type of activity excluding do not attends and leave.
Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

Nearly 20,800 people were seen by NGO AOD services, with most (79 per cent) being seen by NGOs only. Around one in five people (21 per cent) were also seen by AOD services in both NGOs and DHBs; see Table 36. The ratio of workforce to people accessing AOD services was 391 FTEs per 10,000 adults.

Table 36. *People seen by NGO AOD services, year ended 31 March 2018*

Age group	People seen by NGOs only	People seen by NGOs & DHBs	No. people seen by NGOs	Total people accessing services	People seen by NGOs as proportion of total people
18 to 19 years	1,015	128	1,143	2,130	54%
20 to 64 years	15,145	4,134	19,279	41,413	47%
65 years and older	319	52	371	1,070	35%
Total people seen	**16,479**	**4,314**	**20,793**	**44,613**	**47%**

Note: People aged 18 years and older, with any type of activity excluding do not attends and leave.
Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

Nearly 33,700 people were seen by NGO mental health services. In contrast to NGO AOD services, in mental health most of these people (62 per cent) were seen by NGOs and DHBs, with NGOs only seeing 38 per cent of people; see Table 37. The ratio of workforce to people accessing mental health services was 993 FTEs per 10,000 adults.

Table 37. *People seen by NGO mental health services, year ended 31 March 2018*

Age group	People seen by NGOs only	People seen by NGOs & DHBs	No. people seen by NGOs	Total people accessing services	People seen by NGOs as proportion of total people
18 to 19 years	655	1,106	1,761	6,448	27%
20 to 64 years	10,980	18,492	29,472	83,529	35%
65 years and older	1,065	1,369	2,434	12,576	19%
Total people seen	**12,700**	**20,967**	**33,667**	**102,553**	**33%**

Note: People aged 18 years and older, with any type of activity excluding do not attends and leave.
Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

Table 38. *Value of health contracts for mental health and addiction services, by service, and per adult in the population*

DHB locality & region	AOD contracts ($)	Mental health contracts ($)	Total NGO contracts ($)	Proportion of NGO contract funding (%)	NGO funding per adult population ($)
Northern					
Northland	1,903,968	9,900,384	11,804,352	3.8	93.15
Waitematā	2,752,067	26,795,460	29,547,527	9.5	65.69
Auckland	7,776,561	22,761,711	30,538,272	9.8	75.05
Counties Manukau	4,125,969	34,456,038	38,582,007	12.4	99.90
Northern region total	**16,558,565**	**93,913,593**	**110,472,158**	**35.5**	**80.66**
Midland					
Waikato	4,603,569	23,959,984	28,563,553	9.2	96.96
Bay of Plenty	3,184,794	11,747,543	14,932,337	4.8	87.83
Tairāwhiti	439,956	3,183,492	3,623,448	1.2	108.83
Lakes	3,449,004	7,766,655	11,215,659	3.6	144.35
Taranaki	990,384	9,096,432	10,086,816	3.2	117.38
Midland region total	**12,667,707**	**55,754,106**	**68,421,813**	**22.0**	**103.43**
Central					
Hawke's Bay	518,590	8,496,952	9,015,542	2.9	76.37
Whanganui	350,976	5,870,475	6,221,451	2.0	132.85
MidCentral	1,898,033	7,024,183	8,922,216	2.9	68.98
Hutt Valley	2,086,719	5,947,328	8,034,047	2.6	74.11
Wairarapa	581,404	2,556,396	3,137,800	1.0	94.44
Capital & Coast	1,799,808	17,098,257	18,898,065	6.1	80.18
Central region total	**7,235,530**	**46,993,591**	**54,229,121**	**17.4**	**80.75**
South Island					
Nelson Marlborough	1,066,598	6,168,606	7,235,204	2.3	64.15
West Coast	84,996	2,058,465	2,143,461	0.7	87.26
Canterbury	8,866,776	26,086,312	34,953,088	11.2	84.49
South Canterbury	161,568	2,674,696	2,836,264	0.9	62.71
Southern	655,752	11,288,632	11,944,384	3.8	49.20
South Island region total	**10,835,690**	**48,276,711**	**59,112,401**	**19.0**	**70.45**
Ministry of Health	**10,800,671**	**8,076,581**	**18,877,252**	**6.1**	**5.33**
Total contracts	**58,098,163**	**253,014,582**	**311,112,745**	**100.0**	**87.84**

Source: Ministry of Health Price Volume Schedule 2016/17; Statistics New Zealand (2017).

Table 39. *2017 adult (aged 20 years and older) population by ethnic group and DHB-locality*

DHB locality & region	Māori people	Pasifika ethnic groups	Asian ethnic groups	Other groups	Total adults
Northern					
Northland	33,820	2,120	4,960	85,820	126,720
Waitematā	34,410	26,670	96,430	292,300	449,810
Auckland	27,850	35,980	134,390	208,680	406,900
Counties Manukau	48,210	70,390	101,480	166,120	386,200
Northern region total	**144,290**	**135,160**	**337,260**	**752,920**	**1,369,630**
Midland					
Waikato	52,390	7,510	27,520	207,180	294,600
Bay of Plenty	32,700	2,470	11,730	123,110	170,010
Tairāwhiti	14,290	770	945	17,290	33,295
Lakes	21,680	1,580	6,450	47,990	77,700
Taranaki	12,550	830	3,770	68,780	85,930
Midland region total	**133,610**	**13,160**	**50,415**	**464,350**	**661,535**
Central					
Hawke's Bay	23,390	3,550	5,500	85,610	118,050
Whanganui	9,800	940	1,730	34,360	46,830
MidCentral	19,580	2,940	9,540	97,290	129,350
Hutt Valley	14,590	7,230	12,140	74,450	108,410
Wairarapa	4,370	510	905	27,440	33,225
Capital & Coast	21,680	14,180	33,260	166,570	235,690
Central region total	**93,410**	**29,350**	**63,075**	**485,720**	**671,555**
South Island					
Nelson Marlborough	8,730	1,400	4,470	98,190	112,790
West Coast	2,280	245	770	21,270	24,565
Canterbury	28,890	8,030	38,330	338,440	413,690
South Canterbury	2,720	365	1,570	40,570	45,225
Southern	18,300	3,760	15,640	205,060	242,760
South Island region total	**60,920**	**13,800**	**60,780**	**703,530**	**839,030**
Total contracts	**432,230**	**191,470**	**511,530**	**2,406,520**	**3,541,750**

Source: Statistics New Zealand (2017).

Table 40. *People aged 18 years and older seen by NGO mental health and addiction services, by DHB-locality*

DHB locality & region	NGOs only	NGOs and DHBs	Total people seen by NGOs	Proportion of total people accessing services (%)*
Northern				
Northland	867	1,327	2,194	36.4
Waitematā	1,034	2,608	3,642	14.7
Auckland	2,368	1,797	4,165	34.7
Counties Manukau	2,435	2,725	5,160	43.0
Northern region total	**4,271**	**9,728**	**13,999**	**29.1**
Midland				
Waikato	3,096	3,515	6,611	49.8
Bay of Plenty	2,122	1,554	3,676	40.7
Tairāwhiti	143	237	380	23.3
Lakes	1,548	758	2,306	55.0
Taranaki	589	945	1,534	38.5
Midland region total	**7,127**	**7,086**	**14,213**	**45.8**
Central				
Hawke's Bay	887	904	1,791	34.1
Whanganui	272	588	860	29.5
MidCentral	1,425	1,202	2,627	45.8
Hutt Valley	758	604	1,362	32.5
Wairarapa	859	220	1,079	69.5
Capital & Coast	2,369	1,832	4,201	34.7
Central region total	**5,743**	**5,514**	**11,257**	**39.3**
South Island				
Nelson Marlborough	145	594	739	16.4
West Coast	55	132	187	15.2
Canterbury	5,291	3,626	8,917	61.7
South Canterbury	107	131	238	13.4
Southern	1,777	1,119	2,896	34.9
South Island region total	**7,138**	**5,713**	**12,851**	**44.0**
Total people seen	**23,459**	**28,127**	**51,586**	**38.7**

Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

* Adults accessing services across all mental health and addiction providers totalled 133,303.

Table 41. *People aged 18 years and older seen by NGO AOD services, by DHB-locality*

DHB locality & region	NGOs only	NGOs and DHBs	Total people seen by NGOs	Proportion of total people accessing services (%)*
Northern				
Northland	720	295	1,015	40.7
Waitematā	370	376	746	5.6
Auckland	1,855	0	1,855	100.0
Counties Manukau	1,708	0	1,708	100.0
Northern region total	**2,709**	**1,944**	**4,653**	**27.0**
Midland				
Waikato	2,381	331	2,712	65.4
Bay of Plenty	1,192	406	1,598	57.2
Tairāwhiti	63	3	66	9.9
Lakes	1,281	10	1,291	91.9
Taranaki	323	122	445	35.6
Midland region total	**5,021**	**946**	**5,967**	**59.7**
Central				
Hawke's Bay	40	38	78	6.4
Whanganui	93	51	144	13.5
MidCentral	1,080	122	1,202	60.5
Hutt Valley	472	4	476	97.5
Wairarapa	643	0	643	100.0
Capital & Coast	2,378	138	2,516	76.2
Central region total	**4,201**	**479**	**4,680**	**57.5**
South Island				
Nelson Marlborough	36	21	57	3.4
West Coast	2	0	2	0.6
Canterbury	4,157	410	4,567	84.1
South Canterbury	4	45	49	10.4
Southern	995	189	1,184	48.8
South Island region total	**5,001**	**776**	**5,777**	**57.9**
Total people seen	**16,479**	**4,314**	**20,793**	**46.6**

Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

* Adults accessing AOD services across all providers totalled 44,613.

Table 42. *People aged 18 years and older seen by NGO mental health services, by DHB-locality*

DHB locality & region	NGOs only	NGOs and DHBs	Total people seen by NGOs	Proportion of total people accessing services (%)*
Northern				
Northland	267	960	1,227	31.3
Waitematā	763	2,176	2,939	22.1
Auckland	741	1,616	2,357	22.7
Counties Manukau	1,153	2,581	3,734	34.8
Northern region total	**2,348**	**7,484**	**9,832**	**28.1**
Midland				
Waikato	1,577	2,638	4,215	39.2
Bay of Plenty	1,245	1,025	2,270	31.6
Tairāwhiti	99	228	327	29.8
Lakes	511	623	1,134	37.1
Taranaki	425	780	1,205	38.5
Midland region total	**3,747**	**5,302**	**9,049**	**37.0**
Central				
Hawke's Bay	918	834	1,752	36.4
Whanganui	306	469	775	35.8
MidCentral	597	954	1,551	36.6
Hutt Valley	404	532	936	24.4
Wairarapa	362	157	519	49.2
Capital & Coast	555	1,218	1,773	18.2
Central region total	**2,923**	**4,189**	**7,112**	**30.3**
South Island				
Nelson Marlborough	141	544	685	21.0
West Coast	61	124	185	18.2
Canterbury	2,749	2,492	5,241	47.8
South Canterbury	104	88	192	13.8
Southern	1,011	752	1,763	27.1
South Island region total	**4,025**	**4,015**	**8,040**	**35.8**
Total people seen	**12,700**	**20,967**	**33,667**	**32.8**

Source: Ministry of Health, PRIMHD extract 9 April 2018, extracted and formatted by Te Pou.

* Adults accessing mental health services across all providers totalled 102,553.

Appendix F: Workforce comparisons 2018 to 2014

Table 43. *Change in estimated NGO mental health and addiction workforce since 2014, by roles and services delivered*

Role (group)	Change in AOD workforce		Change in mental health workforce		Total change in workforce	
	FTEs	%	FTEs	%	FTEs	%
Non-clinical roles						
Peer support (consumer and service user) workers	16.7	39.7	83.9	48.5	100.7	46.8
Peer support (family and whānau) workers	0.2	4.8	25.6	178.4	25.8	134.1
Support workers (all other)	-30.0	-15.0	-12.4	-0.6	-42.4	-1.8
Non-clinical total	**-13.1**	**-5.3**	**97.2**	**4.2**	**84.1**	**3.3**
Clinical roles						
Social workers	32.5	183.6	-13.6	-17.9	18.9	20.2
Occupational therapists	1.6	120.2	1.5	5.8	3.1	11.6
Psychologists	-2.3	-89.0	-8.3	-36.7	-10.6	-42.2
dapaanz registered health professionals	1.8	0.6	-8.5	-25.4	-6.7	-1.9
Other allied health roles	9.2	24.2	59.0	137.5	68.2	84.3
Nurses	-13.2	-29.9	-1.7	-1.1	-14.8	-7.9
Medical practitioners	2.2	125.5	7.6	102.3	9.8	106.6
Other clinical roles	14.2	2,917.3	16.2	77.3	30.4	141.7
Clinical roles total	**45.9**	**10.8**	**52.3**	**14.0**	**98.3**	**12.3**
Administration & management roles						
Administration roles	-20.8	-35.5	28.2	22.7	7.4	4.0
Service managers & team leaders	13.4	28.1	66.9	27.1	80.3	27.3
Peer leader or advisor	3.6	116.5	-2.0	-8.9	1.6	6.2
Peer researcher or evaluator	0.5		0.1		0.6	
Peer supervisor	0.0		0.9		0.9	
Peer trainer or educator	0.3		13.9		14.1	
Administration & management total	**-3.1**	**-2.8**	**107.9**	**27.4**	**104.9**	**20.9**
Total workforce	**29.8**	**3.8**	**257.4**	**8.3**	**287.2**	**7.4**

Note: Decreases in the 2018 AOD workforce size for support workers, psychologists, nurses and administration and management roles may be due to 2018 changes in the method for surveying to address possible mis-reporting of mental health workforce in 2014; see the Discussion section of this report.

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Te Pou o te Whakaaro Nui

Auckland

PO Box 108-244, Symonds Street
Auckland 1150, New Zealand
t +64 (9) 373 2125

Hamilton

PO Box 307, Waikato Mail Centre
Hamilton 3240, New Zealand
t +64 (7) 857 1202

Wellington

PO Box 7443, Wellington South
Wellington 6011, New Zealand
t +64 (4) 381 6470

www.tepou.co.nz Linkedin@TePouNZ twitter@TePouNZ