MORE THAN NUMBERS

Matua Raki
National Addiction Workforce Development

Te Pou
o Te Whakaaro Nui

Adult mental health and addiction social work roles

2014 survey of Vote Health funded services

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Introduction

Rising to the Challenge: The mental health and addiction service development plan 2012-2017 (Ministry of Health, 2012) describes goals for the future delivery of mental health and addiction services. These include addressing currently unmet needs earlier in their life-course, using less intensive interventions, and promoting self-care through well-integrated community and primary care services. Social work practice can make a significant contribution to meeting these goals with its emphasis on holistic and systems approaches, social justice, working with families and whānau, working collaboratively and responding to the social determinants of health.

This report summarises the Vote Health funded workforce in dedicated social worker positions (roles)[1] reported to the *More than numbers* 2014 organisation workforce survey of adult mental health and addiction services. It describes the size and distribution of this workforce and highlights information of relevance to policy directions and future workforce development.

About the survey

Organisations invited to participate in the survey included all 20 district health boards (DHBs) and 231 non-government organisations (NGOs) contracted by DHBs or the Ministry of Health to provide adult mental health and addiction services during the year ended 30 June 2013. All DHBs and 169 NGOs (73 per cent) completed the survey, describing their workforce as at 1 March 2014.[2]

The survey was completed by team leaders and managers who were asked to report their Vote Health funded workforce for each role, including the number of people employed and full-time equivalent (FTE) positions.[3] Results are reported in three main service groups: mental health services, addiction services,[4] and combined mental health and addiction services (combined services).[5] Most of the analyses provided here are based upon FTE positions employed and vacant.

[1] Respondents reported their workforce by full-time equivalent roles employed and vacant. This report focuses on the social worker role.

[2] The survey method and limitations are described in the national and regional reports at www.tepou.co.nz/morethannumbers. The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or services that did not employ any mental health or addiction staff.

[3] In addition to the Vote Health funded workforce reported here, NGOs also reported 14 FTE positions for social worker roles in their non-health funded workforce. Because the non-health funded workforce has been widely under-reported to the survey, these results are not discussed in this report.

[4] For this report addiction services includes alcohol and other drug (AOD) services and problem gambling services.

[5] For this report results from combined services include those surveys that self-identified as providing both mental health and addiction services, which were received from organisations funded to deliver both types of services. The method for identifying this group is described in the national and regional reports available on the Te Pou website.

What can the survey tell us about social workers?

The survey identified the workforce in dedicated social worker roles. The results describe the size of the workforce in the context of the size of the allied health and total workforce and expand our understanding of the types, and location, of services that employ these roles.

The results do not describe the number of registered or qualified social workers in the workforce, however, for the following reasons.

- Approximately one quarter (27 per cent) of NGOs invited to participate did not return completed surveys.[6]
- Some participating DHBs and NGOs may have under-reported their workforce.
- The Social Workers Registration Act establishes a voluntary system of registration and protects the title 'Registered Social Worker'. This means that unregistered people can be employed in social worker roles, albeit not as registered social workers.
- Some registered or qualified social workers may be employed in other roles, such as addiction practitioners.

Overview of the total reported adult mental health and addiction services' workforce

This section describes the total workforce reported to the survey to give context to the survey results for social worker roles.

The total reported Vote Health funded workforce was 8,929 FTE positions (employed plus vacant).

- Mental health services reported 7,097 FTE positions.
- Addiction services reported 1,316 FTE positions.
- Combined services reported 516 FTE positions.

DHBs reported a total workforce of 5,657 FTE positions (63 per cent) and NGOs reported 3,273 FTE positions (37 per cent).

[6] The *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services* report estimates that the NGO workforce is likely to be 18 per cent greater than that reported to the survey. This report is available on the Te Pou website.

Figure 2 shows the distribution of the reported workforce across all occupation groups. The workforce in social worker roles was recorded as part of the allied health occupation group.

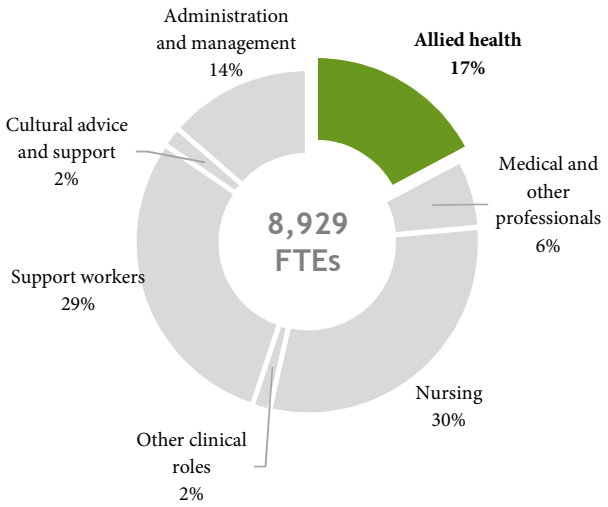

Figure 1. Occupation groups reported to the survey as a proportion of the total DHB and NGO workforce, with the workforce in allied health group

Workforce in social worker roles

There were 457 people in 402 FTE positions (employed plus vacant) in social worker roles reported to the survey, which was 4 per cent of the total reported workforce. The workforce in social worker roles was 26 per cent of the allied health occupation group, and was the largest of all the allied health roles.

DHBs reported their workforce in social worker roles totalled 326 FTE positions (81 per cent) and NGOs reported 76 FTE positions (19 per cent).

Figure 2 shows the relative proportion of the workforce in social worker roles compared to the allied health occupation group and the total workforce reported to the survey.

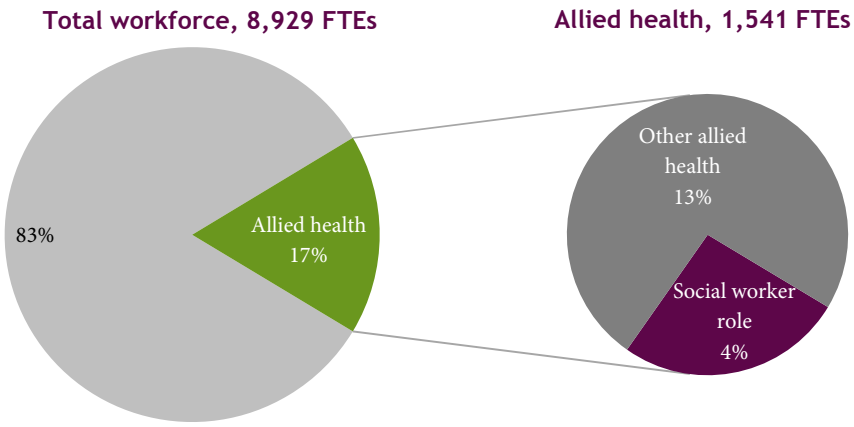

Figure 2. Social worker roles and the allied health occupation group as a proportion of the total workforce reported to the survey

Workforce by service groups

The majority of the workforce in social worker roles was reported by mental health services (313 FTE positions, 78 per cent). Addiction services reported 71 FTE positions (17 per cent) and the combined services group reported 18 FTE positions (5 per cent). As mentioned earlier, addiction and combined services may employ social workers in other roles, as addiction practitioners for example.

Figure 4 shows the distribution of the workforce in social worker roles across the three service groups, reporting each group's relative proportion of the role's total workforce and its size (FTE positions employed plus vacant).

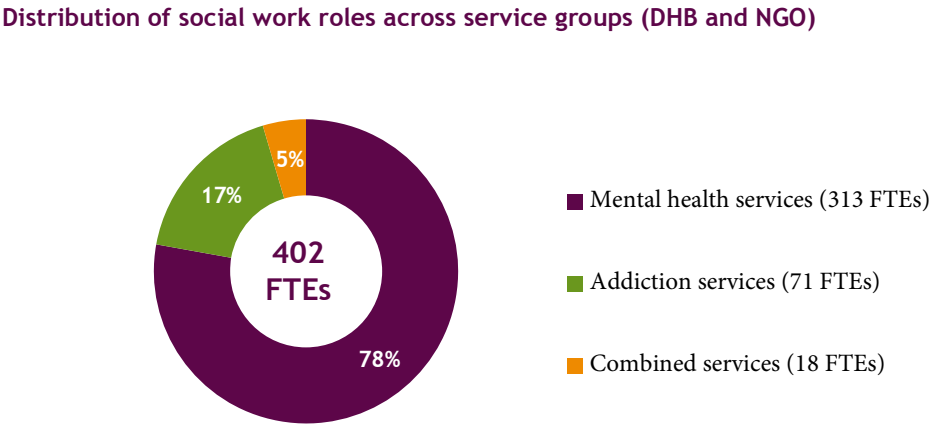

Figure 3. Distribution of the workforce reported by DHBs and NGOs in social work roles across service groups (relative proportions and number of FTE positions)

In addition to having very different sized workforces, the types of services reporting social worker roles varied for each service group.[7] Combined services' reported all social worker roles were in community services. In contrast, the mental health and addiction service groups reported a wider distribution of their workforce across a number of service types, including community and residential (for both groups) as well as mental health inpatient and forensic services.

Figure 4 shows the distribution of the social worker workforce across service types in the mental health and addiction service groups.

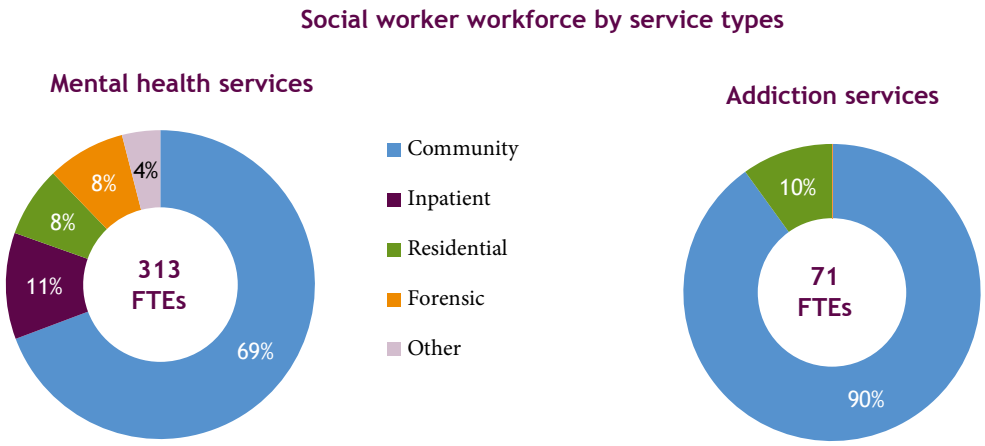

Figure 4. Proportion of the workforce providing different service types within mental health and addiction service groups (shared legend)

Social worker roles in DHBs and NGOs

This section presents the survey results for social worker roles in terms of the reporting organisation: DHBs and NGOs. Nearly all DHBs (19 out of 20 or 95 per cent) and 35 out of 169 NGOs (21 per cent) reported having Vote Health funded workforce in social worker roles.[8]

DHBs reported 81 per cent of this workforce.

- 353 people working in 326 FTE positions:
    - 313 FTEs were employed
    - 13 FTEs were vacant (4 per cent of the social work workforce in DHBs).
- Social worker roles were divided among the three service groups as follows:
    - DHB mental health services reported 256 FTEs (employed plus vacant)
    - DHB combined services reported 14 FTEs

[7] Survey respondents identified the predominant service type delivered by their workforce. These have been collated in five service types: community, inpatient, residential, forensic, administration and management, and other.
[8] One survey received from an NGO that did not include any information about FTE positions has been excluded from this analysis.

    - DHB addiction services reported 56 FTEs.
- The one DHB that did not report any social worker roles had a very small total workforce.

NGOs reported the remaining 19 per cent of the workforce in social worker roles.

- 104 people working in 76 FTE positions:
    - 74 FTEs were employed
    - 2 FTEs were vacant (3 per cent of the social worker workforce in NGOs).
- Social worker roles were divided among the three service groups as follows:
    - NGO mental health services reported 57 FTEs (employed plus vacant)
    - NGO combined services reported 4 FTEs
    - NGO addiction services reported 15 FTEs.

The distribution of social worker roles in DHBs and NGOs varied across the different service types identified by the survey.

DHB community services reported 78 per cent of the DHB social worker workforce, and DHB inpatient services reported 11 per cent. In contrast, NGOs reported 60 per cent of their workforce was in community services and 36 per cent was in residential services (see Figure 5). These results reflect the different service scopes for DHBs and NGOs, with DHBs providing most of the forensic and inpatient services. In contrast, NGOs more commonly provided residential services than DHBs.

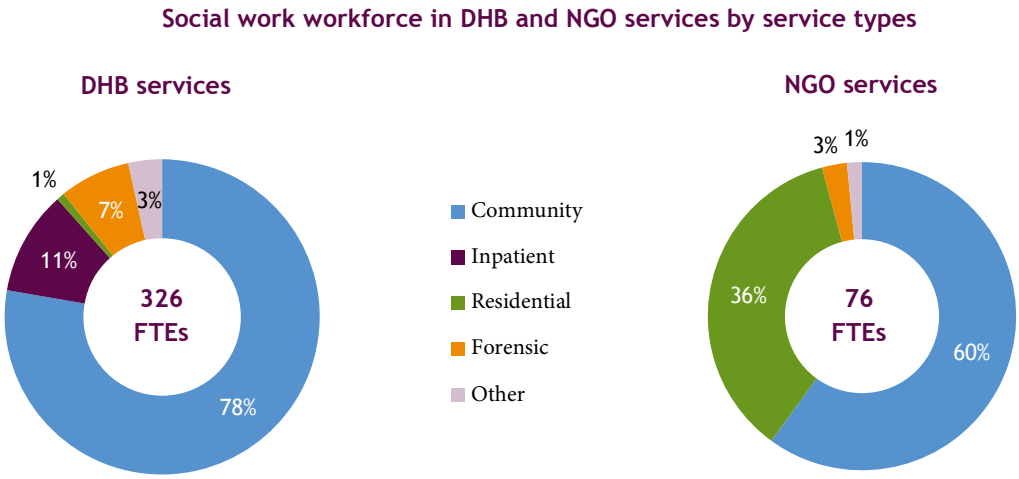

Figure 5. DHB and NGO workforce in social work roles by services delivered (shared legend)

Nearly half of the total workforce in social worker roles was based in the Northern region (43 per cent). The South Island region had the next largest proportion (22 per cent). The Midland and Central

regions reported 15 and 17 per cent of the workforce respectively. The remaining 3 per cent was reported by services working across more than one region.

Nationally, for every 100,000 adults in the New Zealand population, there were 16 FTE social worker positions. DHBs had a ratio of 13 FTEs per 100,000 adults and NGOs had 3 FTEs per 100,000 adults.

However, regionally there was considerable variation (see Figure 6). The Northern region had the highest ratio for both DHBs and NGOs (14 and 4 FTEs per 100,000 adults respectively). Midland had the lowest ratio for DHBs (10 FTEs per 100,000 adults) and Central had the lowest ratio for NGOs (2 FTEs per 100,000 adults).

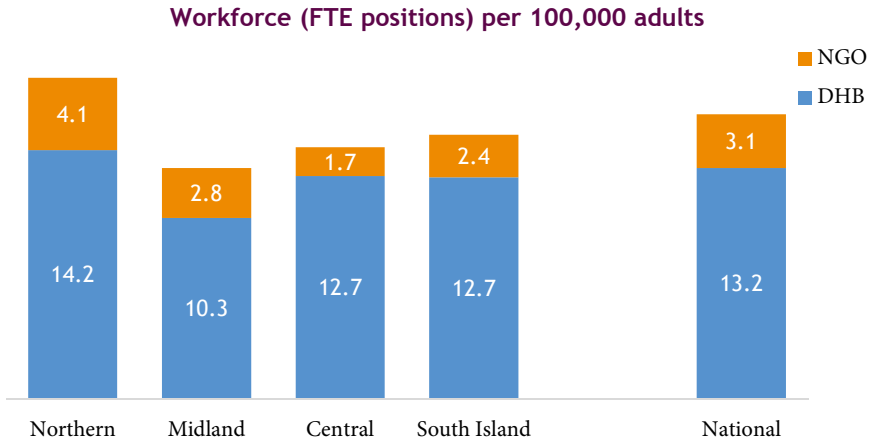

Figure 6. DHB and NGO workforce in social worker roles (FTE positions employed and vacant) as a proportion of the adult population (per 100,000 adults)

Nationally, DHBs reported that social worker roles comprised a much larger proportion of their allied health workforce compared to NGOs (31 per cent compared to 15 per cent). Again, there was considerable variation across the regions for both DHBs and NGOs (see Figure 7).

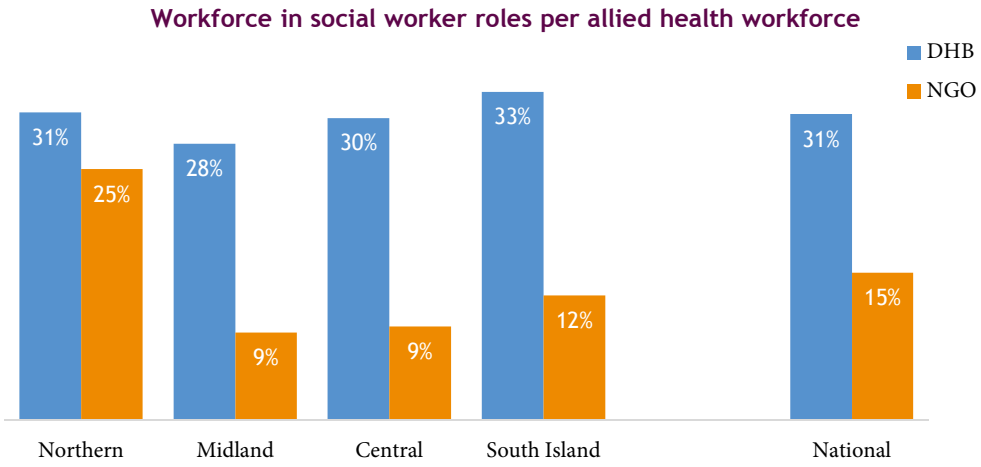

Figure 7. DHB and NGO workforce in social worker roles as a proportion of their respective allied health workforce

NGOs in the Midland, Central and South Island regions reported that only a small proportion of their allied health workforce (9 to 12 per cent) was comprised of social worker roles compared to DHBs in those regions. NGOs in the Northern region had a large proportion of the allied health workforce in social worker roles, similar to that of the Northern region DHBs (25 per cent compared to 31 per cent).

Recruitment issues

More than half of the 181 respondents[9] who employ social worker roles thought there were about the right number of recruits for this role over the next two years (56 per cent of 54 respondents from NGOs and 57 per cent of 127 respondents from DHBs). However, between 26 and 31 per cent perceived there may be some shortage of people to fill this role (see Figure 8). A few also thought there would be large shortages for this role (1 to 4 per cent of respondents). In addition a few thought there might be an oversupply for this role (2 to 5 per cent).

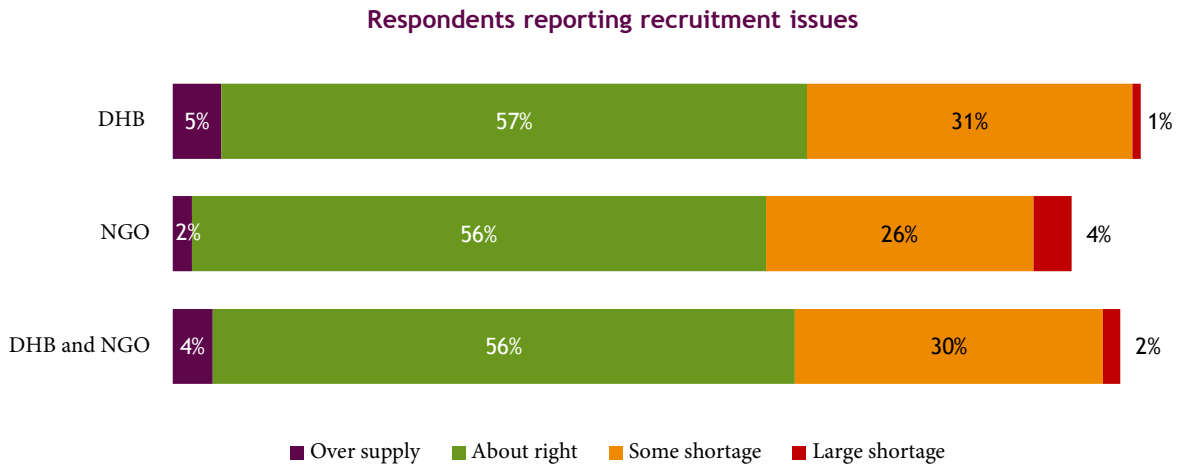

Figure 8. Proportion of DHB and NGO respondents identifying future shortages or oversupply for the social worker role (n=181 responses: 127 DHB responses and 54 NGO responses)

[9] The survey was completed at service level within organisations, meaning that more than one survey response could be received from an organisation.

Comparison with earlier surveys

This section compares the *More than numbers* survey results for social worker roles with four recent workforce surveys.

- *2014 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services* (The Werry Centre, 2015).
- *Addiction Services: Workforce and service demand survey 2011 report* (Matua Raki, 2011).
- 2007 *Future Workforce survey* of DHB services allied health workforce (Future Workforce, 2007).
- 2007 *NgOIT workforce survey* of NGO mental health and addiction services (Platform Trust, 2007).

More than numbers identified that social worker roles comprised a smaller proportion of the adult services workforce compared to the Werry Centre stocktake of infant, child and adolescent services (4 per cent compared to 12 per cent, The Werry Centre, 2015, pp. 29-30). In the Werry Centre stocktake, the social worker role (214 FTE positions) was the second largest workforce of all roles surveyed, behind mental health nurses (The Werry Centre, 2015, pp. 29-30). The distribution of social worker roles across DHBs and NGOs was similar in the two surveys: in *More than numbers* DHBs reported 81 per cent of the workforce in social worker roles compared to 80 per cent reported by DHBs to the Werry Centre stocktake.

The *More than numbers* survey found that social worker roles comprised a similar proportion of the addiction sector workforce as the 2011 Matua Raki survey of addiction services (5 per cent, Matua Raki, 2011, p. 9). The relative size of this workforce identified by *More than numbers* was greater (71 FTE positions compared to 45 FTE positions, Matua Raki, 2011, p.9). The distribution of the workforce in these roles across DHB and NGO addiction services differed markedly, with DHBs reporting 79 per cent of the workforce identified by *More than numbers* compared to 48 per cent in the Matua Raki survey. It is possible that NGOs reporting to the *More than numbers* survey recorded some of their social work workforce in other roles, as this survey gave a greater range of options for respondents to choose from compared to the Matua Raki survey.

The 2007 *Future Workforce* survey of DHB services identified that social worker roles were 18 per cent of the allied health workforce across all DHB provider arm services (*Future Workforce*, 2007, p. 7). *More than numbers* found that these roles were 31 per cent of the reported DHB adult mental health and addiction services' allied health workforce. These very different results may indicate that social workers play a greater role in DHB adult mental health and addiction services compared to other DHB services. Alternatively, the proportion of social work roles in the DHB workforce may have increased over time, which might also explain differences in the DHB results between the *More than numbers* and Matua Raki surveys described previously.

In the NGO workforce, *More than numbers* identified that a similar proportion of people occupied social worker roles as was identified by the 2007 *NgOIT workforce survey* of mental health and addiction services,[10] (2.3 per cent of people compared to 1.8 per cent, Platform Trust, 2007, p. 13).

Of interest, the *NgOIT* survey identified the workforce contained one and one half (1.5) times as many people with social work registration as there were people employed as social workers (52 people compared to 33 people). This finding supports the earlier caveat that the workforce reported to *More than numbers* will not completely capture registered social workers working in adult mental health and addiction services.

Concluding comments

This report has described the size, configuration and location of the workforce in dedicated social worker roles in adult mental health and addiction services. Understanding this workforce group provides a platform to support future workforce planning and development to meet the goals described in *Rising to the Challenge* (Ministry of Health, 2012). Combining the social worker roles reported here with the 214 FTEs from the Werry Centre's 2014 stocktake of child and adolescent services indicates there are around 616 FTE social worker positions working in child, adolescent and adult mental health and addiction services.

As mentioned, social work practice, with its use of holistic, systems and collaborative approaches, can make a significant contribution towards achieving *Rising to the Challenge's* (Ministry of Health, 2012) goals of earlier, less intensive and more integrated interventions that focus on addressing the social determinants of health (see for example Platform Trust and Te Pou o Te Whakaaro Nui, 2015, p. 24). As services identify how best to enact the intent of *Rising to the Challenge*, the way in which they utilise social worker roles in their workforce may change. Some changes may already be underway, for example one DHB reported a social work assistant role,[11] which is an example of role delegation (Te Pou o Te Whakaaro Nui, 2015a, p. 5).

Whilst this report has focused on social worker roles, it is critical that workforce and service planning considers these roles in the context of the entire workforce delivering services to tāngata whai ora and their families and whānau. Information about the Vote Health workforce in adult mental health and addiction services can be found in the *Adult mental health and addiction workforce: 2014 survey of Vote Health services* report (Te Pou o Te Whakaaro Nui, 2015b).

[10] The *NgOIT* survey covered mental health and addiction services including child and youth, adult and older adult services. *NgOIT* identified 33 out of 1833 people surveyed were social workers. *NgOIT* did not provide FTE positions by role.
[11] This workforce totalled 2 FTE positions employed plus vacant.

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