



# The New Zealand disability support workforce: 2015 survey of NZDSN member organisations



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## Executive summary

Disability support workforce development activities aim to create a competent workforce that adds value to the lives of the people who are supported and their whānau (Ministry of Health, 2013).

This report presents the results from the 2015 New Zealand Disability Support Network (NZDSN) and Te Pou o te Whakaaro Nui (Te Pou) disability workforce survey, with recommendations for future workforce development. The survey aimed to identify the workforce size, composition, demographics, education, training needs and employment conditions in 123 NZDSN member organisations.

This report is complemented by an accessible online version suitable for electronic screen-readers and a short summary report, both of which are available online from the Te Pou website:

[www.tepou.co.nz](http://www.tepou.co.nz) or the NZDSN website: [www.nzdsn.org.nz](http://www.nzdsn.org.nz).

## Participant organisations

The 2015 NZDSN and Te Pou disability workforce survey was sent to 123 NZDSN member organisations. These organisations were funded by Ministry of Health Disability Support Services (MOH DSS) to provide supported living or residential services and/or by the Ministry of Social Development (MSD) to provide employment support and participation and inclusion services.

Surveys were returned from 47 member organisations (a response rate of 38 per cent). The survey results present a snapshot that is most representative of the workforce in larger organisations.

Organisations reported employing 17,905 people in 12,114 full-time equivalent (FTE) positions as at 30 June 2015. It is estimated that the total workforce employed by those 123 NZDSN member organisations is more than 22,200 people in over 15,380 FTE positions (FTEs).<sup>1</sup>

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<sup>1</sup> The calculation of these estimates is described in the Analysis subsection of the Method.

Half (24) of the organisations reporting to the survey were very small, with a workforce of less than 50 FTEs each. Five large organisations (each employing more than 500 FTEs) collectively reported nearly three-quarters of the workforce.

Most (90 to 91 per cent) organisations received funding from the MOH DSS or the Ministry of Social Development (MSD). Thirty-one of these organisations received funding from both these ministries.

Around half of organisations provided residential, community participation or supported employment services. MOH DSS-funded organisations tended to deliver support services and those funded by the MSD tended to deliver employment-focused services.

Up to one-third of organisations delivered services in one or more areas with large urban centres, namely Auckland, Waikato, Wellington and Christchurch. There were seven organisations providing services nationwide.

## Key workforce findings

The survey's findings show there has been some progress towards meeting the priorities outlined in the *Disability support services: Workforce action plan 2013-2016* (Ministry of Health, 2013).

Uptake of health and disability qualifications among support workers has increased from 42 per cent in 2012 (NZDSN, 2012) to 73 per cent in 2015. For some workforce groups, ethnic diversity has improved, with increased Māori and Pasifika representation.

The findings also reflect established challenges to workforce development for direct service delivery staff in disability support services (Public Service Association & NZDSN, 2012). In particular:

- an aging workforce; in 10 years' time one-third of the workforce will be aged 65 years or older
- a predominantly female workforce
- low Māori and Pasifika representation in leadership and some professional roles
- low average hourly rates for support workers
- high staff turnover.

Some key findings are summarised in Table 1.

**Table 1. Summary of selected workforce findings**

Workforce group	People employed	Māori in the workforce (% people)	Pasifika in the workforce (% people)	People aged 55 years and over (%)	Female employees (%)	Average hourly rate (\$)	FTE turnover rate (% FTE)
Support workers	14,069	18	11	36	75	17.04	36
Team leaders	576	13	4	30	70	22.86	15
Managers	491	7	1	31	76	34.11	15
Registered health and allied health practitioners	376	6	5	31	83	27.66	26
Specialist behaviour support staff	189	7	7	23	70	28.12	16
People in personal planning roles	191	14	17	23	73	25.30	31
Administration	455			-	-	-	-
Other	514			-	-	-	-
Unspecified*	1,044			-	-	-	-
<b>Total</b>	<b>17,905</b>	<b>17</b>	<b>10</b>	<b>35</b>	<b>75</b>	<b>-</b>	<b>33</b>

\*Unspecified workforce relates to one organisation that provided workforce totals, but did not provide information about the people employed or FTE positions in each workforce group.

A number of survey items had low response rates suggesting that organisations had difficulties accessing workforce information. Workforce development and planning relies on access to regularly updated and robust workforce information. To support future workforce data collection, organisations may need to consider improving their information collection processes and build their capacity to identify and report on workforce information.

Areas highlighted in this report for future research to support workforce development strategies include:

- identifying current and potential future disability support career pathways
- identifying areas for future specialist education and training for support workers

- investigating high turnover groups within the workforce and the reasons for turnover
- understanding employees' views and needs regarding employment conditions to support retention strategies
- identifying areas for future qualification development, based on an understanding of the skills that support workers need
- understanding the costs of high turnover, so as to identify strategies to transform these into an investment in workforce skills and qualifications
- understanding the workforce development needs of large organisations, which appear to be most affected by a variety of workforce development challenges.

The survey results indicate that there is a need for future workforce development strategies that aim to:

- retain the skills and knowledge of older workers as they reach 65 years old
- improve the retention of younger workers
- continue to build Māori and Pasifika leadership in the sector
- support equal employment opportunities in the sector for people living with disability
- continue to increase uptake of level two and level three health and disability qualifications
- set targets for minimum qualification levels among support workers
- increase the use of existing workforce tools in recruitment processes and in-house training, such as *Let's get real: Disability*.

The information collected by the 2015 NZDSN and Te Pou disability workforce survey will support future workforce planning and development strategies. NZDSN and Te Pou thank the survey participants for their support.

## Introduction

The guiding principles of the United Nations (2006) *Convention on the Rights of Persons with Disabilities* include the rights to respect, individual autonomy, social participation and inclusion, acceptance and equality of opportunity. For some of the 1.1 million people living with disability in New Zealand (Statistics New Zealand, 2013), access to quality disability support services is crucial for achieving the goals of the convention.

In New Zealand, the *Disability Action Plan 2014–2018: Update 2015* (Office for Disability Issues, 2015) aims to advance the implementation of the convention. One of its four priorities is the transformation of the disability support system for people who live with disabilities by increasing their participation in service design, and improving service choice and responsiveness.

Within disability support services, workforce planning and development will help to build the skilled and capable workforce needed to support such a transformation. *Let's get real: Disability* (Te Pou, 2014a), can support workforce development by providing tools to build the right knowledge, skills and attitudes in the workforce to undertake disability support work.

This report presents the results of the 2015 New Zealand Disability Support Network (NZDSN) and Te Pou o te Whakaaro Nui (Te Pou) survey of the workforce employed by 123 NZDSN member organisations. It highlights workforce areas that have changed since previous surveys, identifies areas for further research and makes recommendations for future workforce development strategies.

The survey was undertaken by the NZDSN and Te Pou in partnership. It provides information that supports both organisations in their respective roles as a disability sector advocate and evidence-based workforce development agency. This information will be useful for future national workforce planning and development.

This report is complemented by a short summary report which is available online, and as an accessible version suitable for electronic screen-readers, from the Te Pou website: [www.tepou.co.nz](http://www.tepou.co.nz) and the NZDSN website: [www.nzdsn.org.nz](http://www.nzdsn.org.nz).

## Background

This section provides background information on the disability support sector and describes how the NZDSN membership is situated within the sector. It also provides information about workforce development and planning, with a summary of the current challenges for disability workforce development.

### Disability support services and NZDSN membership

Disability workforce development occurs primarily in the context of community-based services, delivered by non-government organisations operating in a competitive funding environment.

Funding for disability support services comes from a variety of sources.

- The Ministry of Health Disability Support Services (MOH DSS) funds supported living, community and residential disability support, rehabilitation and other health services for people aged under 65 years.
- The Ministry of Social Development (MSD) funds employment services for working aged adults and participation and inclusion services for all age groups.
- The Accident Compensation Corporation (ACC) contracts supported living, rehabilitation and environmental support services for people of all ages who experience disability as a result of accident or injury.

The MOH DSS contracts over 900 organisations to provide a wide variety of services, including direct support services (the focus of this current survey), rehabilitation, advocacy and education services, accommodation, training, and the provision of prostheses and other products such as wigs.

Of those 900 organisations, approximately 260 are contracted by the MOH DSS to provide direct disability support services, including:

- community and residential support services and respite care
- supported accommodation and supported living services
- day programmes
- disability information and advisory services
- needs assessment and service coordination (NASC)
- child development and behaviour support services.<sup>2</sup>

Information about the organisations funded by the MSD and the ACC, or other government agencies, was not accessed by the NZDSN and Te Pou.

The 2015 NZDSN and Te Pou disability workforce survey was sent to 123 NZDSN member organisations.<sup>3</sup> These included 72 organisations providing MOH DSS-funded supported living or residential services.<sup>4</sup> A number of member organisations delivering employment, participation and inclusion services were also invited to complete the survey.

### **Disability support workforce**

Disability support aims to facilitate people who live with disability to attain their rights under the United Nations *Convention on the Rights of Persons with Disabilities*, as far as possible, and to live autonomous lives with equal access to opportunities, social participation and inclusion, respect and acceptance (United Nations, 2006).

The current direction for disability support services focuses on providing individualised services in the community (Ministry of Health, 2013). This direction builds on the growth in community-

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<sup>2</sup> Based on information received by Te Pou from the Ministry of Health for February 2014.

<sup>3</sup> There were also 37 individual and associate members who were not surveyed.

<sup>4</sup> These 72 organisations comprised 56 per cent of those funded by the MOH DSS for these services. The Ministry of Health provided this information to the NZDSN in February 2016.

based disability support and supported living services following de-institutionalisation during the late 20<sup>th</sup> century.

The workforce delivering these services includes roles such as support workers, team leaders, managers and other professionals. The 2015 NZDSN and Te Pou disability workforce survey categorised these roles into six workforce groups, as shown in Table 2.

**Table 2. Descriptions of disability workforce groups**

Workforce group	Description
Support workers	Direct service roles across all settings (residential, community) with various job titles, such as support worker, job coach, facilitator and caregiver. Support workers also include those with key worker responsibilities who do not manage other staff.
Team leaders	Immediately responsible for supervising support workers. Roles may include some direct service provision as well. Job titles include supervisor, house manager and employment consultant.
Managers	Responsible for the supervision and management of one or more teams of support workers, with no direct service provision responsibilities. Job titles include service manager or coordinator, programme or residential manager, and vocational or employment coordinator.
Registered and allied health practitioners	Includes nurses, occupational therapists, speech language therapists, social workers, physiotherapists and psychologists.
Specialist behaviour support staff	Specialist roles, as distinct from support workers and their team leaders and managers.
People in personal planning roles	Staff involved in planning with individuals, usually in a role that is independent of service delivery. Job titles include navigator, connector, broker, personal or planning facilitators, needs assessors and service coordinators.

Support workers comprise most of the workforce (82 per cent in 2012), (NZDSN, 2012). The tasks undertaken by support workers require a significant degree of skill and capability. The following are some examples from recent job descriptions.

- Develop and maintain respectful and enduring relationships with the person supported, their whānau and wider support network.

- Work cooperatively to identify current and future support needs.
- Monitor the health, social and personal needs and care of a person.
- Ensure a person's individual development plan goals are kept in focus. Report on progress.
- Support and advocate for a person's interests with government agencies, eg Work and Income New Zealand, Housing New Zealand, and social services, eg budgeting services, Plunket.
- Support a person to develop and strengthen their social networks.
- Support the translation of therapeutic process into practice.
- Work within the requirements of a court order.
- Work in partnership to enhance rehabilitation opportunities.
- Contribute to discussion and activities that balance risk management and rehabilitation opportunities.<sup>5</sup>

The activities involved in each of these tasks are further shaped by the particular needs and capabilities of the person supported and the location of service provision, which might be a residential setting or in the community.

As described in Table 2, team leaders may engage in direct service provision as well as having supervisory responsibilities. In addition, employment consultants were categorised as team leaders. This means that some people in direct service delivery roles will be included in the team leader group.

The survey also identified three professional workforce groups: registered and allied health, specialist behaviour support staff and people in personal planning roles. Their practice is guided by their particular job specifications in addition to the requirements of any professional registration.

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<sup>5</sup> Based upon job descriptions for support worker positions recently advertised on the NZDSN website.

## Workforce development and planning

This section defines workforce development and planning, and describes the current disability workforce development priorities and challenges.

**Workforce development** is a set of strategies that aims to attract and retain the workforce needed to deliver services now and into the future (Te Pou, 2014a).

**Workforce planning** contributes to effective workforce development strategies by using information about the workforce to identify current and potential future service needs and to target workforce development strategies (Te Pou, 2014a).

A systematic approach to workforce planning uses workforce data and intelligence to strengthen workforce development outcomes (Te Pou, 2014a). Common data sources include the New Zealand population census, consumer databases like SOCRATES,<sup>6</sup> and regularly updated workforce surveys, such as this current survey.

### Disability workforce development priorities and challenges

The *Disability Support Services: Workforce action plan, 2013–2016* (Ministry of Health, 2013) is the most recent workforce development plan for the disability sector. This action plan identified the need for workforce development that:

- increases the qualifications within the majority of the workforce to at least a level two or level three health and disability certificate
- increases workforce skills in specialist areas such as non-verbal communication and behaviour support
- creates identifiable career pathways to advanced and specialised programmes to improve recruitment and retention
- addresses ongoing issues with pay and working conditions.

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<sup>6</sup> SOCRATES is a national database of MOH DSS clients and service providers, which is updated by needs assessment and service coordination providers.

These priorities address needs that have been highlighted in previous workforce surveys;<sup>7</sup> in particular, that much of the workforce is low-waged, aging and female, with limited access to appropriate training. In addition, funding parity across different types of disability support contracts has become an issue in recent years (Public Service Association & NZDSN, 2012).

The NZDSN has argued that low wages, high staff turnover and pay equity issues are inter-related and the impact of long-term under-investment in the disability sector (NZDSN, 2015).

Investment in disability workforce development through training and qualifications has been a focus of the Ministry of Health. Since 2010, Te Pou has delivered Ministry of Health grant funding to over 30,000 people for health and disability qualifications as well as leadership and skill development courses (Te Pou, 2015).<sup>8</sup>

The NZDSN has recommended that workforce development priorities should include development of specialised health and disability qualifications to build workforce capability across a broad range of competencies (NZDSN, 2015).

From 2016, Te Pou's role in the disability workforce development programme will focus on research and evaluation, workforce innovations, career promotion and planning, sector collaboration and integration, as well as grant administration.

The information provided by this survey will help inform a variety of workforce development strategies by agencies across the disability sector and at national, regional and local levels.

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<sup>7</sup> Appendix A gives information about recent workforce surveys.

<sup>8</sup> People who have received more than one grant will be counted multiple times.

## Method

### Survey aims

The 2015 NZDSN and Te Pou disability workforce survey of 123 NZDSN members had two aims.

1. To provide workforce and wages information to inform support worker wage negotiations with the Ministry of Health and future long-term sector investment.
2. To provide updated information about the size, configuration, demographic profile and qualifications of the workforce for future workforce planning and development.

### Design and data collection

The survey was based on and adapted from the NZDSN 2012 survey to include questions about wages and employment conditions. It was distributed by NZDSN to 123 of its member organisations (122 non-government organisations and one district health board) by email.

The survey requested information about:

- the organisation, including:
  - types of services provided and location
  - MOH DSS and MSD funding
- the workforce, including:
  - size – number of people employed and full-time equivalent (FTE) positions
  - employee demographics – eg gender, age range, ethnicity, qualifications, length of service
  - employment conditions – eg average hourly pay rates, allowances, hours and terms of employment
  - recruitment and retention – eg reasons for leaving, recruitment issues.

The survey was conducted in November and December 2015.

## Exclusions

The focus of the survey was the workforce providing disability services. The following workforce were excluded:

- the workforce in MOH DSS-funded aged-care services
- the Ministry of Health-funded mental health and addiction workforce
- the district health board-funded aged-care workforce.

## Analysis

The data was screened prior to analysis and analyses were undertaken using Excel.

Analyses presented in this report include all completed survey responses; missed questions were not included.

The item response rate for most of the survey questions was above 80 per cent.<sup>9</sup> Sub-group analyses were undertaken for most questions. However, some sub-group analyses were not undertaken due to very low item response rates below 20 per cent.

The following sub-sections describe the methods used to calculate estimated non-reported workforce, average part-time FTEs, average hourly rates and workforce turnover.

### **Estimates of workforce in non-responding organisations**

Of the 123 organisations invited to the survey, 76 organisations did not complete it (62 per cent). To estimate the workforce in these non-reporting organisations, we used the following method.

1. Non-reporting organisations were classified into groups based on their annual revenue.<sup>10</sup>
2. The average workforce in each revenue group was calculated based on survey respondents.

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<sup>9</sup> See Appendix B for discussion about response rates.

<sup>10</sup> The NZDSN collected annual revenue information from organisations as part of the membership renewal process.

3. The workforce in non-reporting organisations in each revenue group was estimated by multiplying the number of non-reporting organisations in each revenue group by the average workforce for that group.

This produced an estimate of the workforce in those non-reporting organisations.

Table 3 shows the estimates for FTE positions (FTEs) in the workforce for each annual revenue group, based upon the average FTE workforce reported by organisations and the number of non-reporting organisations.

**Table 3. Estimated unreported and estimated total workforce by organisations' annual revenue**

Annual revenue range	Total reported workforce (FTEs)	Average workforce reported (FTEs)	Non-reporting organisations	Estimated unreported workforce (FTEs)	Estimated total workforce (FTEs)
More than \$10m	9,829.8	1,092.2	1	1,092.20	10,921.97
\$5m to \$10m	1,143.8	127.1	0	0.0	1,143.75
\$3m to \$5m	339.3	113.1	1	113.10	452.40
\$1.5m to \$3m	262.3	37.5	13	487.13	749.43
\$1m to \$1.5m	52.3	26.2	10	261.65	313.98
\$500,000 to \$1m	435.2	43.5	26	1,131.60	1,566.83
Up to \$500,000	51.3	7.3	25	183.21	234.51
<b>Total</b>	<b>12,114.0</b>	<b>257.7</b>	<b>76</b>	<b>3,268.89</b>	<b>15,382.87</b>

This analysis assumes that the profile of the workforce in organisations that completed the survey in each revenue group is similar to that of the non-reporting organisations. The estimated total FTE workforce should be used with care for two reasons.

1. The overall response rate to the survey was very low (38 per cent). Survey results are more likely to be representative of larger organisations with annual revenue of greater than \$3 million, see Table 4.
2. The size of the reported disability workforce is not necessarily proportionate to an organisation's annual

revenue, for example if disability is not the organisation's main area of service.

### **Average part-time FTE**

The average part-time FTE (see Figure 25) was calculated from survey results in two steps.

1. A total part-time workforce FTE was calculated for each workforce group within each survey by multiplying the number of part-time employees by the corresponding part-time average FTE.
2. The total part-time workforce FTE for each workforce group across all surveys was aggregated and divided by the aggregated number of part-time employees in those groups.<sup>11</sup>

### **Average hourly rates**

The average workforce hourly rate (see Figure 27) for each workforce group was calculated in two steps.

1. A total workforce cost per hour for each survey was calculated by multiplying the reported number of people employed in the workforce group by the reported average hourly rate.
2. The total workforce cost per hour for each group across all surveys was aggregated and divided by the aggregated number of people employed in those groups.<sup>12</sup>

### **Workforce turnover rates**

The workforce turnover rate (see Figure 15) was calculated for each workforce group in three steps, based on information received about FTE turnover and the total workforce as at 30 June 2015.

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<sup>11</sup> Surveys that did not provide information about part-time employees or average FTE were excluded from this calculation.

<sup>12</sup> Surveys that did not report either people employed or average hourly rate were excluded from the calculation.

1. The total FTEs vacated during the 2014/2015 year was calculated by aggregating all responses greater than or equal to zero to the turnover question.
2. A total reported FTE workforce was calculated by aggregating the FTEs employed plus vacant as at 30 June 2015 for each workforce group. This information was included for surveys returning a zero value to the turnover question, but not included for those surveys that returned blanks (non-responses).
3. The total FTEs vacated was divided by the total reported FTE workforce to give a turnover rate.

## Results

The 2015 NZDSN and Te Pou disability workforce survey aimed to provide updated information about 123 NZDSN member organisations and their disability support workforce including:

- size and composition
- demographic profile
- qualifications and training needs
- employment conditions
- recruitment and retention.

This section presents the survey results for 47 participating organisations. Analysis methods are described in the survey method section. Detailed information about response rates for individual questions and raw data is included in Appendix C.

### Participant organisations

The survey was sent to 123 NZDSN member organisations and completed by 47 organisations, giving a response rate of 38 per cent. Responding organisations included 46 non-government organisations and one district health board. These organisations:

- saw approximately 81,000 clients
- hosted nearly 2,600 volunteers.<sup>13</sup>

The response rate varied according to the organisations' 2014/15 annual revenue.<sup>14</sup> It was highest for organisations with annual revenue over \$3 million, see Table 4. Around one-quarter (26 per cent) of organisations with annual revenue less than \$3 million completed the survey. This suggests that the survey was less likely to be completed by smaller organisations.

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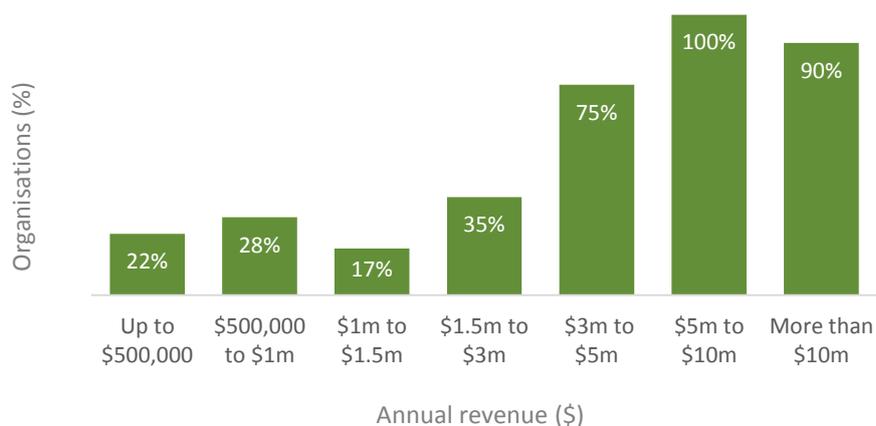
<sup>13</sup> Clients seen and volunteers hosted are not a unique count of individuals. These figures may include some people more than once, for example if they are seen or hosted by more than one organisation during the year.

<sup>14</sup> The allocation of organisations to each annual revenue group is based upon information provided to NZDSN by organisations renewing membership. Note that the size of an organisation's disability workforce is not necessarily proportionate to annual revenue, as many organisations also provide other services, such as mental health services, which were not described in this survey.

**Table 4. Summary of survey responses by organisations' annual revenue**

Revenue range	No. organisations sent surveys	No. organisations completed surveys	Response rate (%)
Up to \$500,000	32	7	21.9
\$500,000 to \$1m	36	10	27.8
\$1m to \$1.5m	12	2	16.7
\$1.5m to \$3m	20	7	35.0
\$3m to \$5m	4	3	75.0
\$5m to \$10m	9	9	100.0
More than \$10 million	10	9	90.0
<b>Total</b>	<b>123</b>	<b>47</b>	<b>38.2</b>

Figure 1 shows the survey response rate by organisations in each revenue group.

**Figure 1. Survey response rate by annual revenue range, reported by 47 organisations.**

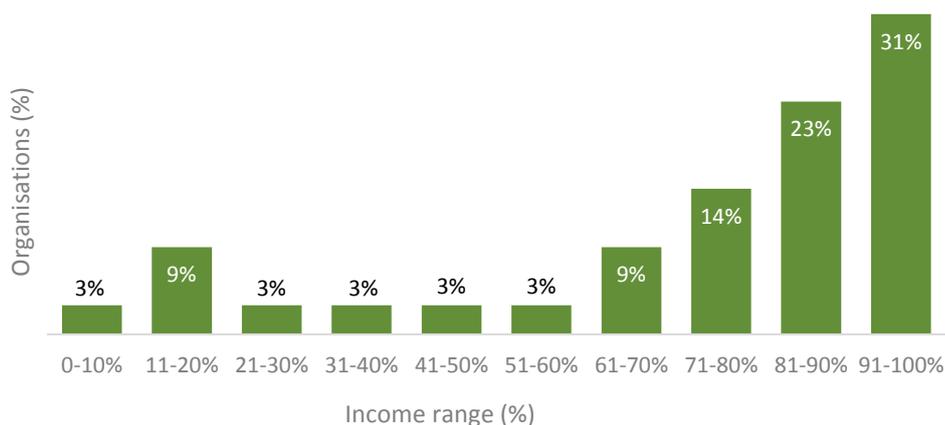
## Government funding

The survey requested information from organisations about income received from the MOH DSS and the MSD, as well as information about the number of FTEs funded by this income.

Most (90 and 91 per cent) organisations received funding from the MOH DSS or the MSD. Thirty-one organisations were funded by both the MOH DSS and the MSD.

On average, MOH DSS funding comprised 72 per cent of the organisations' income, ranging from 8 to 100 per cent. In contrast, MSD funding averaged 27 per cent of income, ranging from 1 to 95 per cent.

Figure 2 shows that MOH DSS funding comprised more than 80 per cent of the organisational income for half (54 per cent) of the organisations. Most (90 per cent) of those organisations provided support services, in some cases in combination with employment services or personal planning and NASC services.

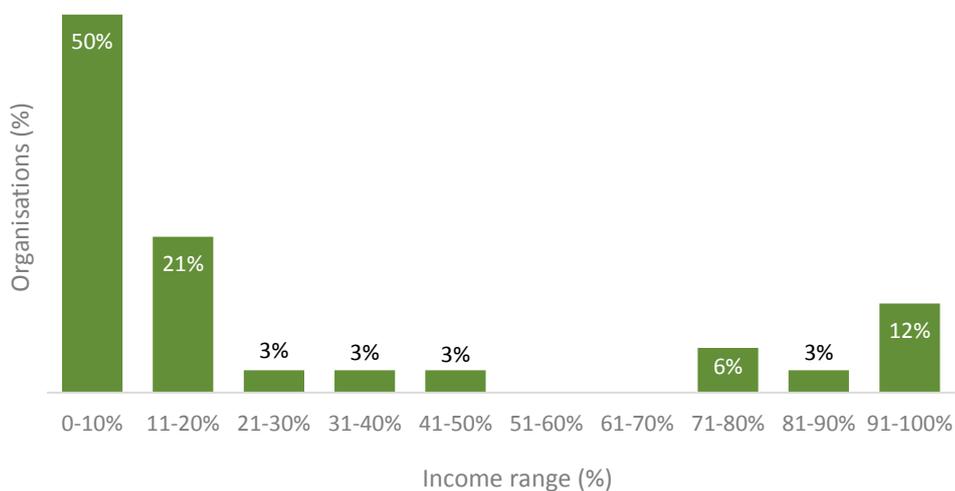


**Figure 2. Contribution of MOH DSS funding to organisations' income, reported by 38 organisations.**

Twenty-two out of 38 MOH DSS-funded organisations (58 per cent) reported their MOH DSS-funded workforce. On average, this comprised a high proportion of their workforce (87 per cent on average), in particular support worker, registered and allied health, and specialist behaviour support roles.

Figure 3 shows the organisations reporting MSD funding by its contribution to income. In contrast to MOH DSS funding, few organisations that were receiving MSD funding reported that it

contributed most of their income. Organisations receiving more than 70 per cent of income from the MSD provided employment services.



**Figure 3. Contribution of MSD funding to organisations' income, reported by 44 organisations.**

Twenty-two out of 40 MSD-funded organisations (55 per cent) reported their MSD-funded workforce. On average this comprised 12 per cent of their total workforce, with particular emphasis on people in personal planning roles.<sup>15</sup>

## Organisation size

The following analyses describe the organisations in terms of the size of their reported workforce. Note that these organisation sizes include only the workforce in disability services. Some organisations may have workforce delivering other services that have not been reported to this survey, such as mental health services.

More than half (51 per cent) of organisations reported employing a small workforce (less than 50 FTE positions). Table 5 shows the

<sup>15</sup> The results for workforce funded by the MOH DSS and the MSD are based upon a very low response rate and may not be representative of all organisations.

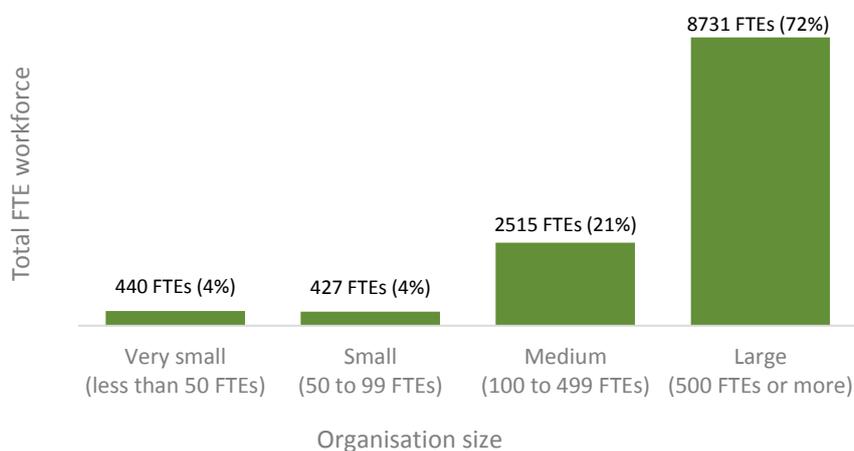
number of organisations reporting to the survey, grouped by the size of their reported workforce.

**Table 5. Organisation size ranges and criteria**

Organisation size	Total reported workforce*	No. organisations reporting
Very small	Less than 50 FTEs	24 (51%)
Small	50–99 FTEs	6 (13%)
Medium	100–499 FTEs	12 (26%)
Large	More than 500 FTEs	5 (11%)
<b>Total</b>		<b>47 (100%)</b>

\* Total reported workforce includes disability service delivery, administration and other staff, and excludes staff delivering other services, for example mental health services.

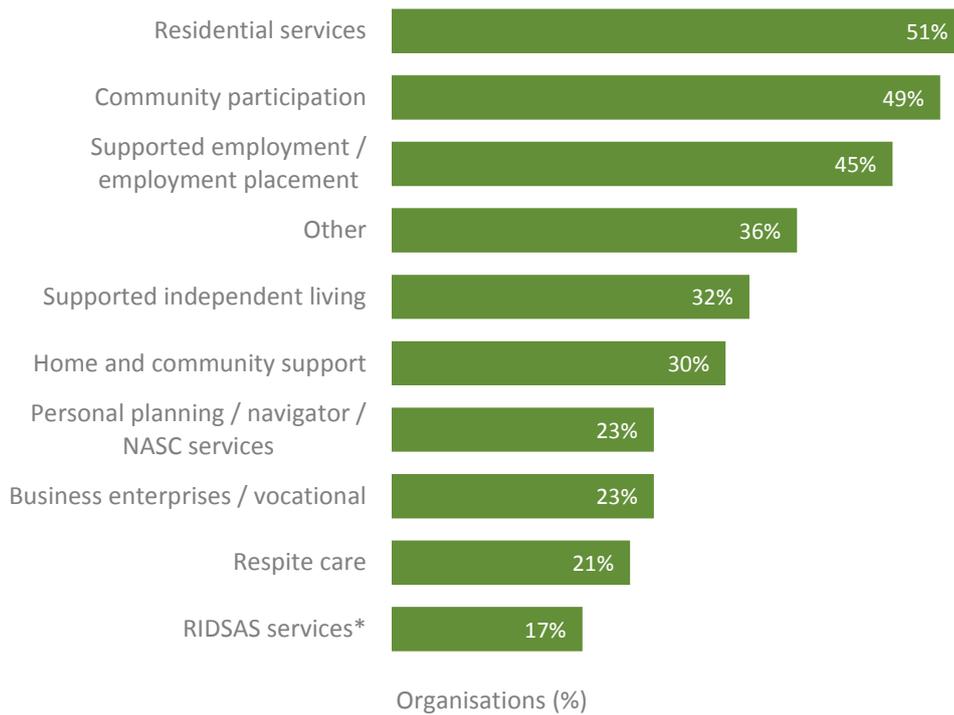
The 47 organisations reported a total workforce of 17,905 people in 12,114 FTEs (employed plus vacant). Figure 4 shows the total workforce reported by organisations in each size group. More than half of the organisations were very small, and these reported 4 per cent of the total workforce.



**Figure 4. Total reported workforce by organisation size, reported by 47 organisations.**

## Disability services provided

Organisations reported all the disability services they provided. Half (51 per cent) of the organisations provided residential services and a similar proportion provided community participation (49 per cent) and supported employment (45 per cent) services (see Figure 5). Services described as 'other' included day services, advocacy and information, occupational therapy, and family and whānau support.



**Figure 5. Organisations reporting disability services provided, reported by 47 organisations.**

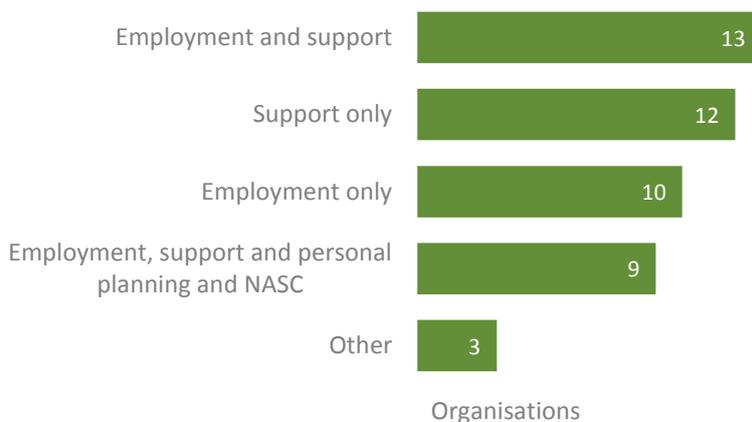
\*RIDSAS services are residential intellectual disability supported accommodation services.

The nine disability services specified in Figure 5 (excluding 'other' services) can be organised into three main groups of service provision.

- Employment services, including community participation, supported employment and employment placement, and business enterprises and vocational services.

- Support services, including home and community support, supported independent living, residential, respite and RIDSAS services.
- Personal planning and NASC services.

Organisations reported these service groups in a variety of combinations. One-quarter of organisations (13) delivered a combination of employment and support services, with 12 providing support services and another 10 providing employment services, see Figure 6.

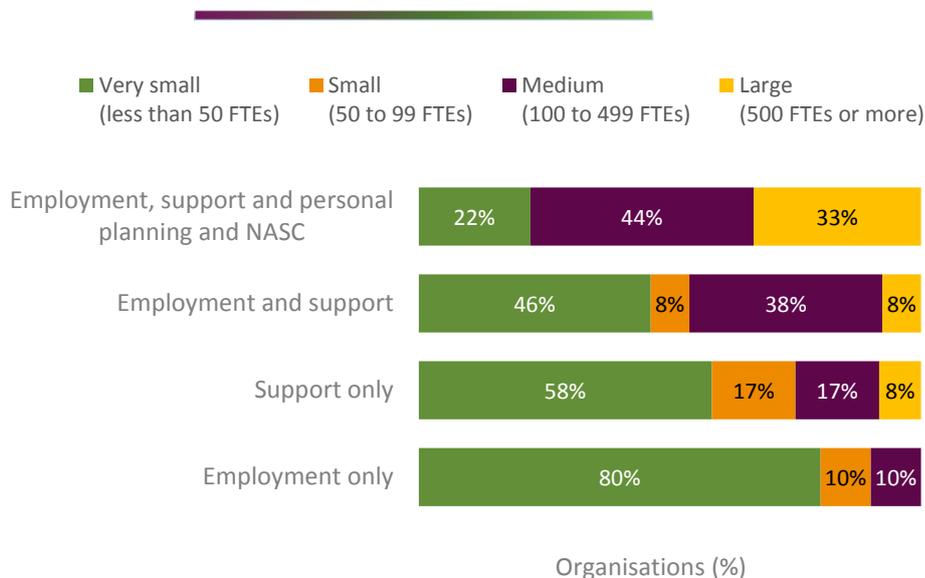


**Figure 6. Organisations by combination of service groups provided, reported by 47 organisations.**

\* 'Other' includes organisations providing personal planning and NASC services, and those providing this in combination with employment services due to the small number of organisations in each group.

Figure 7 shows the size of organisations reporting each of these combinations of services. Most (80 per cent) organisations that provided only employment services were very small.

### 32/ The New Zealand disability support workforce



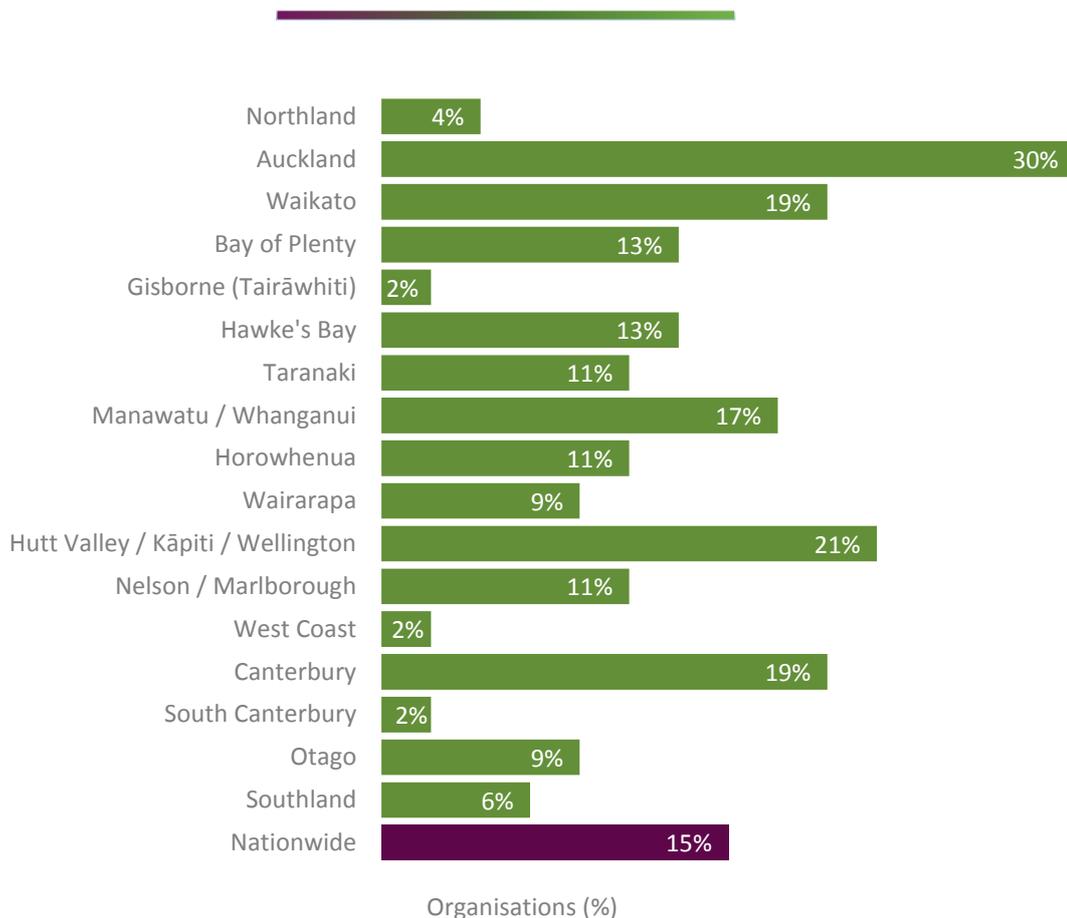
**Figure 7. Organisations by size and services provided, reported by 44 organisations.**

Note: ‘Other’ services described in Figure 6 have been excluded from this analysis due to the small number of responses for these combinations of services.

### Location

One-third (30 per cent) of organisations provided services in the Auckland area. Around 20 per cent of organisations provided services in other areas with large urban centres including Wellington, Waikato and Canterbury, see Figure 8. The proportion of organisations working in each area will be under-estimated here because 15 per cent of organisations (seven in total) delivered services nationwide.

### 33/ The New Zealand disability support workforce



**Figure 8. Area of service delivery, reported by 47 organisations.**

### Workforce size and composition

The 47 organisations reported a total workforce of 17,905 people, employed in 11,905 FTE positions, with 209 FTEs vacant (2 per cent).<sup>16</sup>

As summarised in Table 6, support workers were the largest group, making up nearly 80 per cent of the total reported workforce.

<sup>16</sup> One organisation reported total people and FTE positions employed, but did not include information about the workforce in the specified workforce groups. This organisation's information has been included in the total workforce reported and excluded from the calculations relevant to workforce groups.

**Table 6. Reported workforce by workforce groups, reported by 47 organisations**

Workforce group	People employed	FTES employed	FTES vacant	Total FTES (employed plus vacant)	Proportion of total FTE workforce (%)
Support workers	14,069	8,976.0	186.3	9,162.4	79.5
Team leaders	576	554.1	5.0	559.1	4.8
Managers	491	477.4	2.0	479.4	4.2
Registered health and allied health practitioners	376	272.1	0.8	272.9	2.4
Specialist behaviour support staff	189	168.1	5.0	173.1	1.5
People in personal planning roles	191	171.7	2.0	173.7	1.5
Administration	455	352.9	5.0	357.9	3.1
Other	514	348.5	3.0	351.5	3.0
Unspecified*	1,044	583.9	0.0	583.9	-
<b>Total</b>	<b>17,905</b>	<b>11,904.9</b>	<b>209.1</b>	<b>12,114.0</b>	<b>100.0</b>

\* The 'unspecified' workforce group relates to one survey that provided information about the total workforce employed, but did not itemise this workforce into groups. This information has been excluded from the calculation of workforce proportions in the last column.

The information provided in Table 6 under-represents the workforce in organisations invited to the survey, due to the low response rate for small organisations. The percentages described in column six will only apply if the workforce in reporting organisations has a similar profile to that of organisations that did not complete the survey.

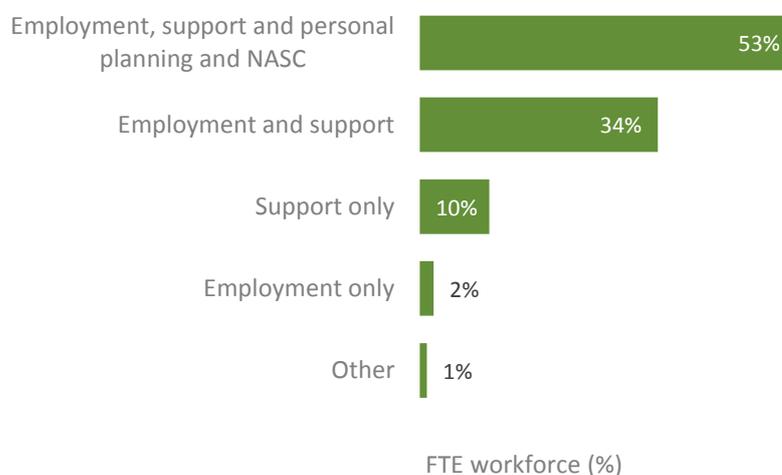
Most (72 to 89 per cent) organisations reported their workforce included support workers, team leaders, managers and administration staff. Fewer organisations (21 to 32 per cent) reported workforce in the registered and allied health, specialist behaviour support and people in personal planning role groups, see Figure 9.

### 35/ The New Zealand disability support workforce



**Figure 9. Organisations reporting workforce by groups, reported by 46 organisations.**

Figure 10 shows the workforce in organisations reporting each combination of service groups described in Figure 6. Organisations providing all three service groups reported more than half of the FTE workforce (53 per cent).



**Figure 10. Total FTE workforce reported by services provided, reported by 47 organisations.**

\*Personal planning and NASC results are combined with employment and support due to the small number of organisations offering these services and the small size of their workforce.

## Workforce groups

This section describes the survey findings for workforce demographics, length of service, turnover, and qualifications and training for the following six workforce groups:

- support workers
- team leaders
- managers
- registered health and allied health practitioners
- specialist behaviour support staff
- people in personal planning roles.<sup>17</sup>

## Employee demographics

The following results relate to the demographic characteristics of employees as at 30 June 2015, including their age, gender and ethnicity, and workforce disability rates.

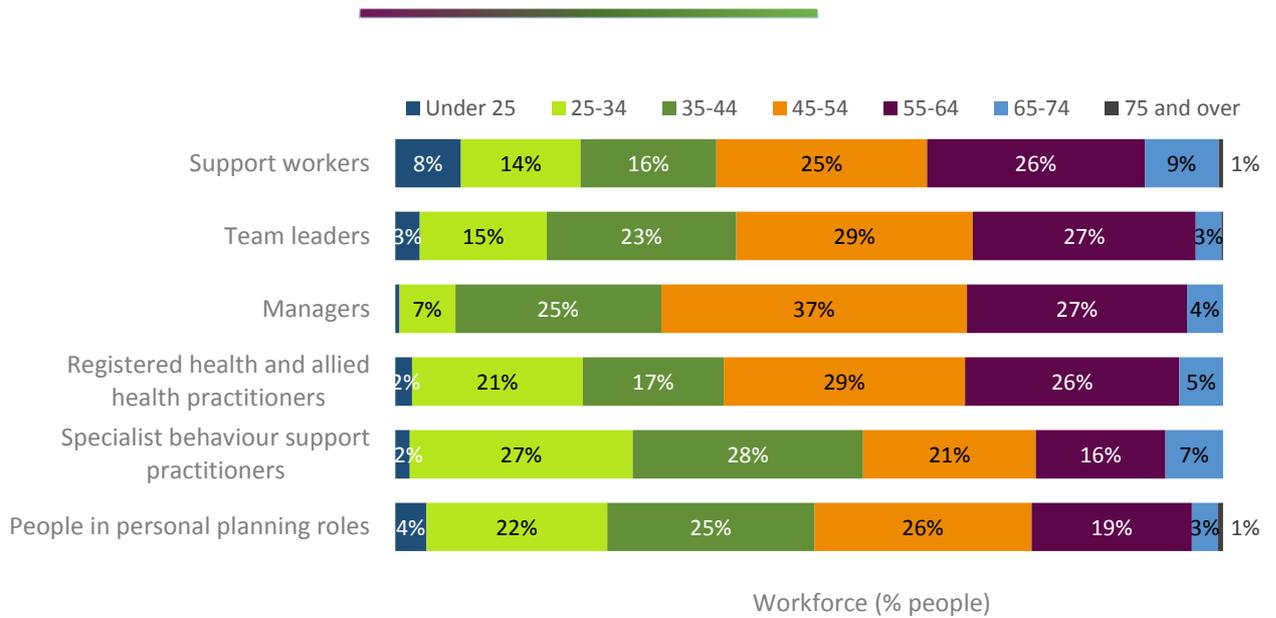
### Age

The median age range for most workforce groups was 45 to 54 years, see Figure 11. One-third (36 per cent) of support workers are aged 55 years or older, which means that in 10 years' time these people will be aged over 65 years.

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<sup>17</sup> A description of the roles included in each workforce group was provided to respondents on the survey document, and is repeated in Table 2.

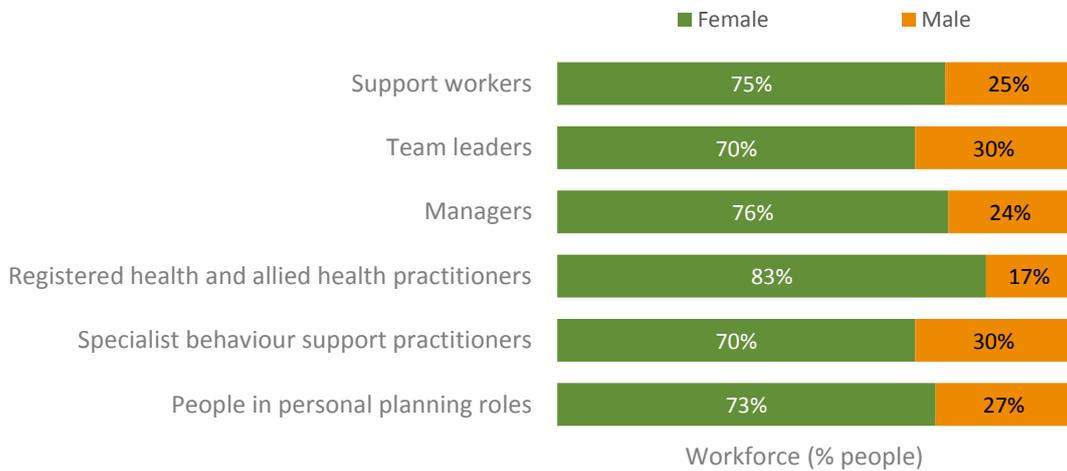
### 37/ The New Zealand disability support workforce



**Figure 11. Workforce by age ranges, reported by 31 organisations for 14,273 people.**

### Gender

Overall, 75 per cent of the workforce was female. Registered health and allied health practitioners had the highest ratio of females to males (5 to 1), see Figure 12.

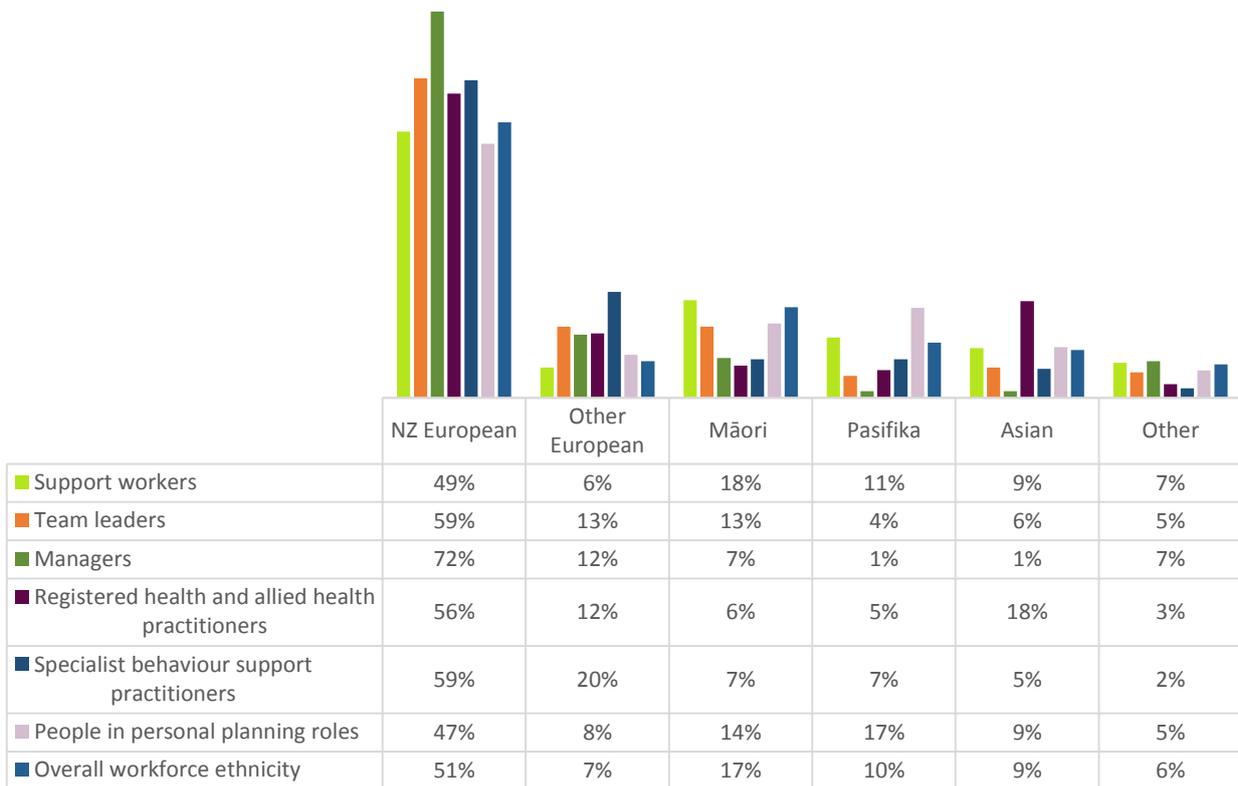


**Figure 12. Workforce groups, by gender, reported by 46 organisations for 15,311 people.**

### Ethnicity

Māori staff members comprised 17 per cent of the workforce, Pasifika 10 per cent, and 9 per cent of staff members were from Asian ethnic groups. Māori representation was highest in the support worker group (18 per cent). Pasifika representation was highest in the personal planning workforce group (17 per cent). Asian representation was highest in the registered and allied health practitioners group (18 per cent).

The response rate to this question was low for team leaders and people in personal planning roles, and very low for the other workforce groups, see Table 10. This means that the information provided in Figure 13 should be used with caution as it may not be representative of all organisations invited to complete the survey.<sup>18</sup>



**Figure 13. Workforce groups by ethnicity, reported by 38 organisations for 4,466 people.**

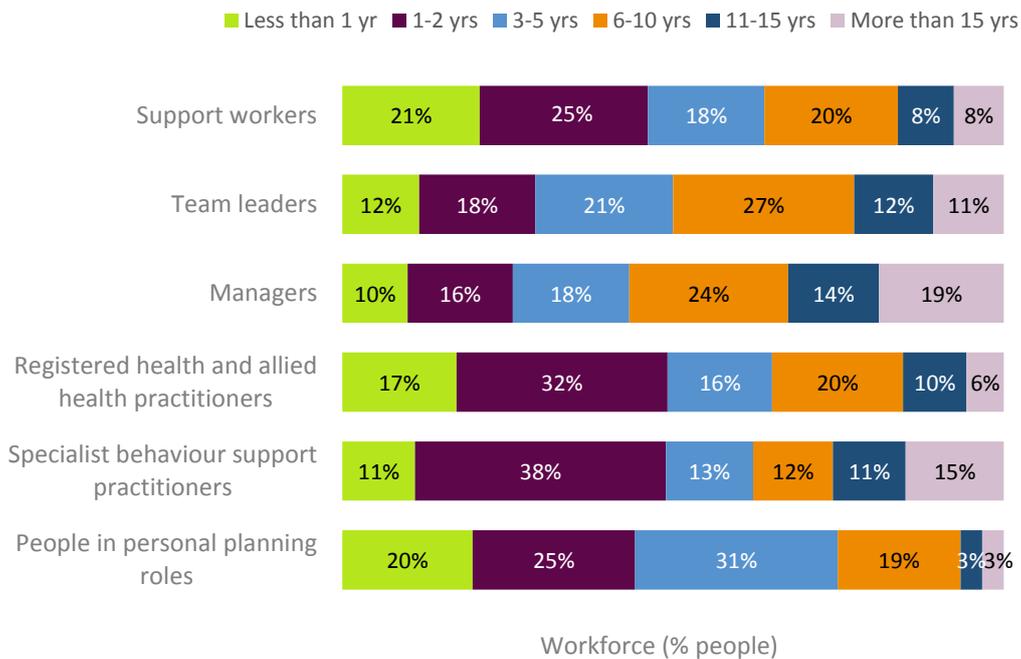
<sup>18</sup> Although the question enabled respondents to report individuals in more than one ethnic group, only four organisations reported more people than they employed, amounting to 0.7 per cent of the workforce for whom ethnicity information was collected.

### Employees living with disability

Based on responses from 28 organisations employing 1,452 people (9 per cent of the workforce), 7 per cent of the workforce (106 people) were reported as living with a disability.<sup>19</sup> Because of the very low response rate, sub-group analysis is not provided.

### Length of service

The median length of service reported across all six workforce groups was 3 to 5 years. Managers were the exception, with a median of 6 to 10 years. Figure 14 shows that nearly half (46 per cent) of support workers had been employed for less than 3 years.

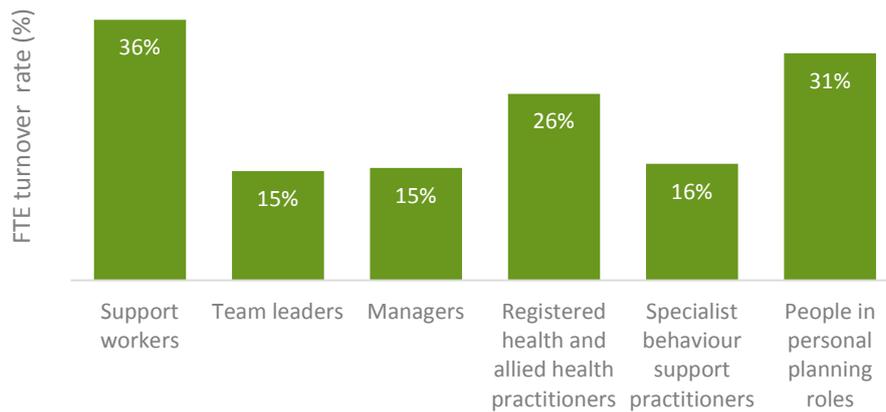


**Figure 14. Employee length of service by workforce groups, reported by 39 organisations for 15,436 people.**

<sup>19</sup> This analysis includes three organisations that reported zero staff members lived with a disability.

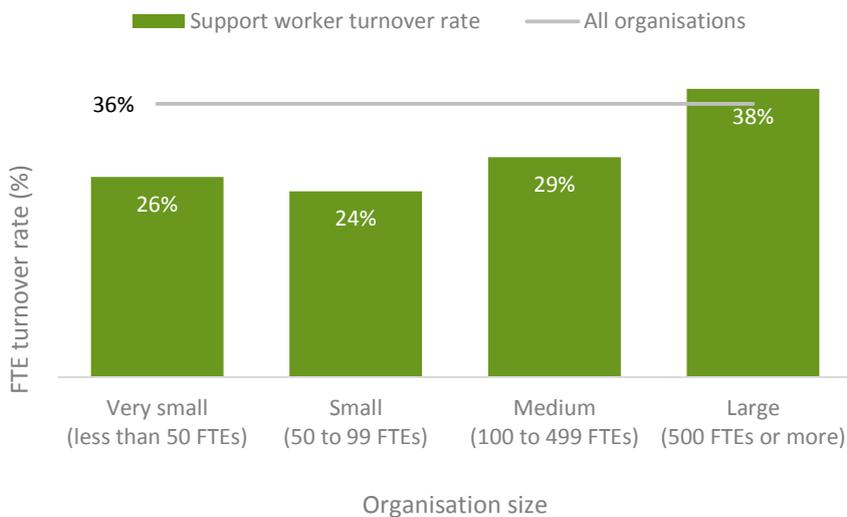
## Workforce turnover

The FTE workforce turnover rate across all six workforce groups was 33 per cent. The calculation used is described in the survey method section. The turnover rate was highest for support workers (36 per cent) and people in personal planning roles (31 per cent), see Figure 15.



**Figure 15. FTE workforce turnover for year ended 30 June 2015 by workforce groups, reported by 45 organisations for workforce totalling 10,456 FTE positions.**

Figure 16 indicates that the support worker FTE turnover rate varied by organisation size. Rates were highest for large organisations (38 per cent) and lowest for small organisations (24 per cent).



**Figure 16. Support worker FTE turnover rate by organisation size, reported by 38 organisations.**

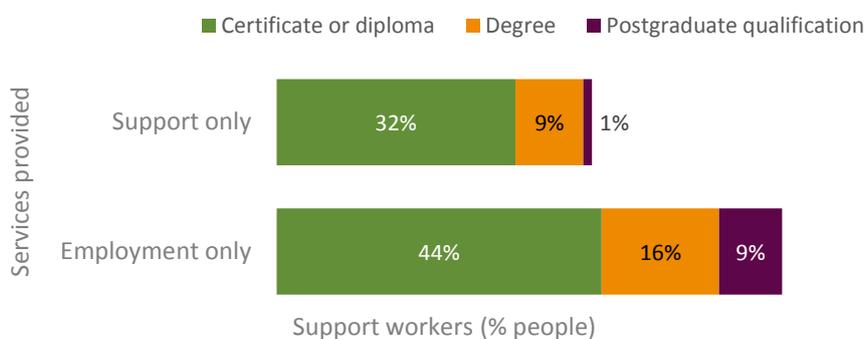
## Qualifications and training

This section describes results relating to support workers' highest tertiary qualifications by services provided, highest health and disability qualifications by workforce groups, and organisation training strategies.

### Support workers' highest qualifications

There was a very low response to the survey question about the highest qualifications of the workforce (12 per cent for support workers, see Table 10). Results for service groups reporting on more than 80 per cent of their workforce are reported below.

Figure 17 indicates that two-thirds (68 per cent) of the workforce in organisations providing only employment services had at least a certificate level qualification. This was substantially higher than the results for organisations providing only support services (43 per cent).



**Figure 17. Support workforce with tertiary qualifications by services provided, reported by 18 organisations for 943 people.**

### Health and disability qualifications

Organisations were asked to report the number of employees by highest health and disability qualification. The response rate to this question was low to very low, see Table 10.

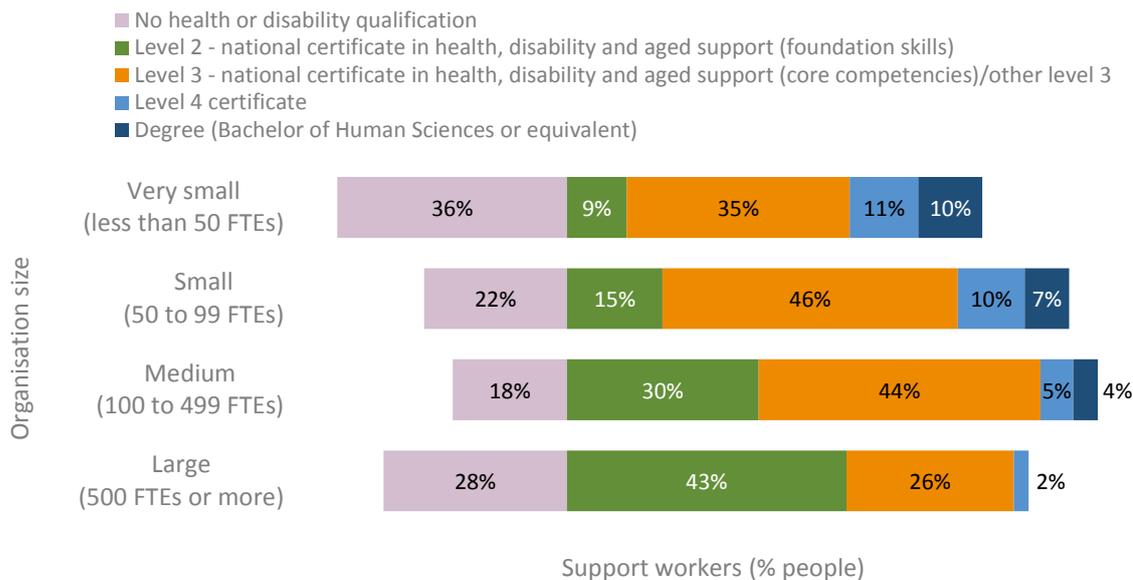
Three-quarters or more of support workers, managers and team leaders had health and disability qualifications. Sixty-nine per cent of support workers had a level two or level three certificate, and 4 per cent had level four or higher qualifications. Of those support workers who had any health and disability qualification, 41 per cent had attained a level three qualification.

Managers and team leaders were more likely than support workers to have qualifications at level four or higher (37 and 46 per cent respectively, compared to 4 per cent), see Figure 18.



**Figure 18. Workforce by highest health and disability qualification, reported by 41 organisations for 7,770 people.**

The proportion of support workers with qualifications varied by organisation size. Small organisations were more likely to report support workers with level three or higher qualifications compared to very small, medium and large organisations, see Figure 19. Large organisations were least likely to report staff with qualifications at level three or higher (28 per cent).



**Figure 19. Support workers by highest health or disability qualification and organisation size, reported by 38 organisations for 7,399 people.**

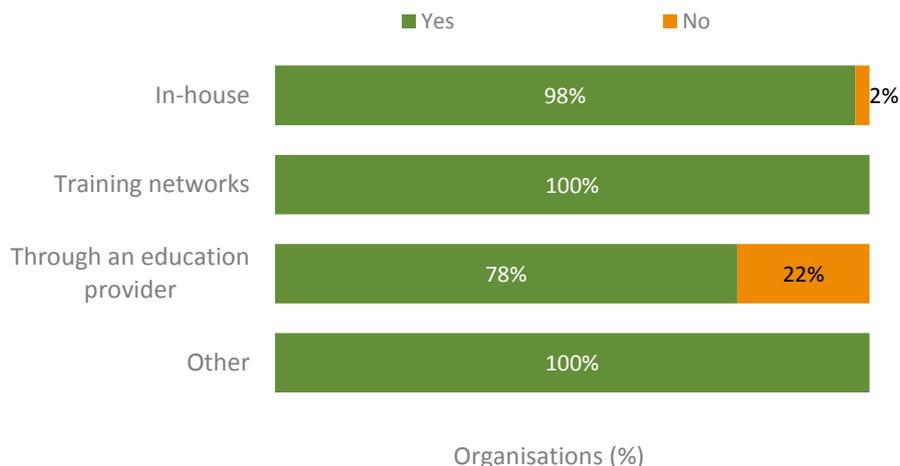
A total of 2,539 employees from 37 organisations studied towards and industry qualification between 1 July 2014 and 30 June 2015.

### Training and development

Results reported in this section reflect the proportion of organisations that responded to the survey question, rather than the workforce, which was the focus of the previous section.

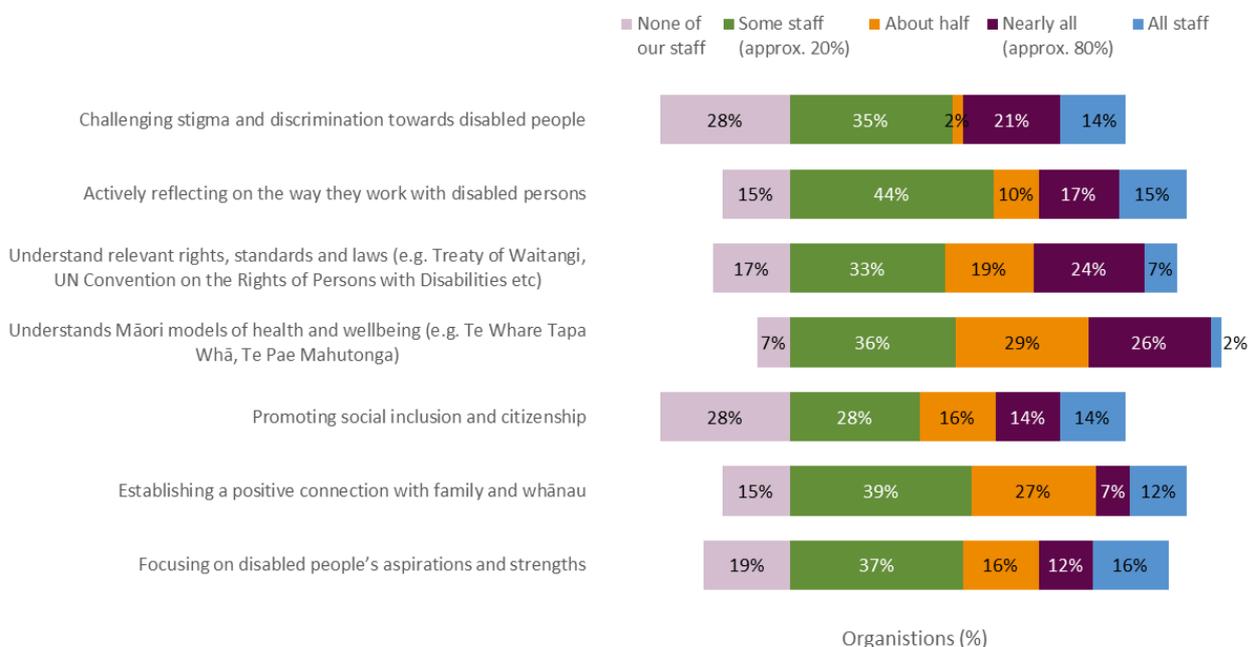
Most (78 per cent or more) organisations provided staff with training opportunities. Nearly all worked with training networks, and provided in-house training or other opportunities, see Figure 20.

44/ The New Zealand disability support workforce



**Figure 20. Organisation training methods used, reported by 47 organisations.**

Organisations reported on the proportion of their workforce who need development in a number of policy and practice areas. The areas where the highest proportion of the organisations identified that most or all staff needed development included challenging stigma, actively reflecting on the way they work with disabled persons and understanding rights, standards and laws, see Figure 21.



**Figure 21. Organisations identifying staff workforce development needs, reported by 43 organisations.**

One-quarter (24 per cent) of organisations stated that most of their staff needed to develop skills for working with Māori, see Figure 22.



**Figure 22. Organisations identifying staff workforce development needs in relation to working with ethnic groups, reported by 43 organisations.**

Based on open-ended feedback, organisations identified a number of other areas where staff development was needed. These included:

- behaviour support, including working with challenging behaviour
- conflict resolution
- working with people who are on the autism spectrum
- working with people who have dual diagnosis<sup>20</sup> or high and complex needs
- understanding contractual and legal obligations
- supporting whānau and relationships
- understanding Māori culture and the Treaty of Waitangi
- communication skills, including advocacy skills
- leadership and professional boundaries
- working with older people and youth.

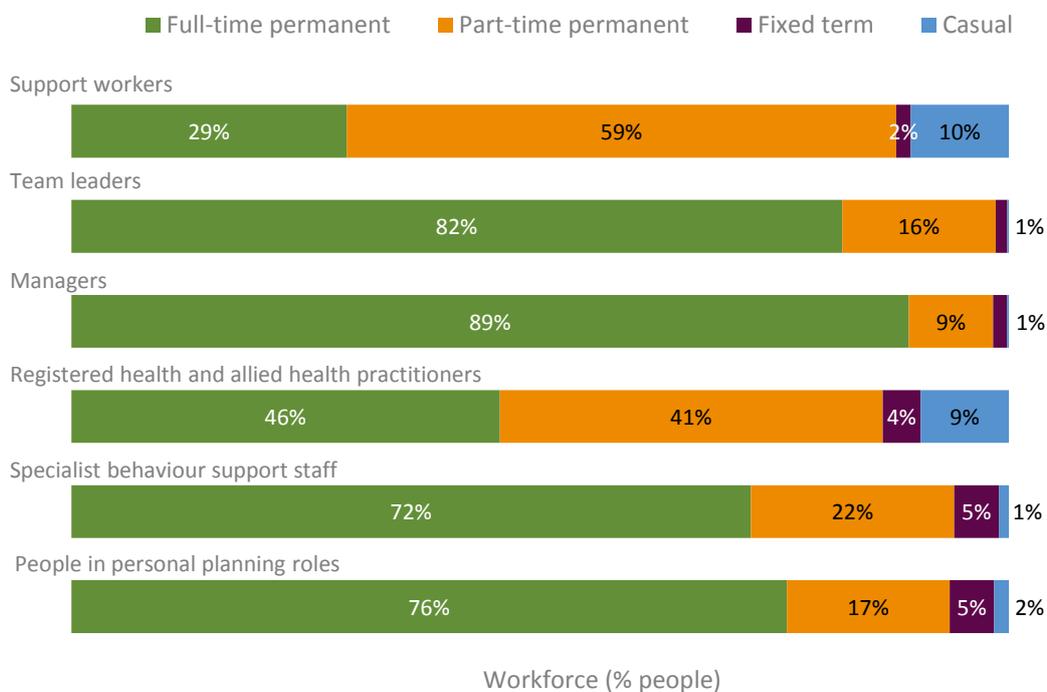
<sup>20</sup> The nature of dual diagnosis needs was often not specified by respondents, eg intellectual disability and mental health or physical disability and addiction.

## Employment conditions

This section describes the results for questions relating to employment conditions, including types of contracts, hours of work, wages, allowances and salary progression.

### Employment contracts

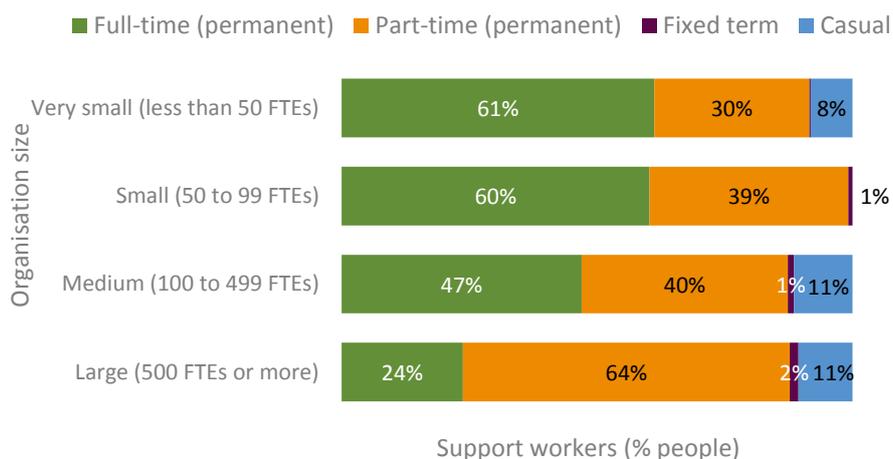
Organisations reported that most staff members were employed on permanent contracts, either part-time (54 per cent) or full-time (35 per cent),<sup>21</sup> see Figure 23. Support workers were the workforce group most likely to be employed part-time (59 per cent) or on a casual basis (10 per cent).



**Figure 23. Workforce by contract type, reported by 46 organisations for 15,417 people.**

Figure 24 shows the different types of contracts for support workers in relation to organisation size. Medium and large organisations were most likely to employ support workers part-time or on a casual basis.

<sup>21</sup> Full-time was defined by the survey as working 37.5 hours or more per week.



**Figure 24. Support workers by contract type and organisation size, reported by 42 organisations for 13,620 support workers.**

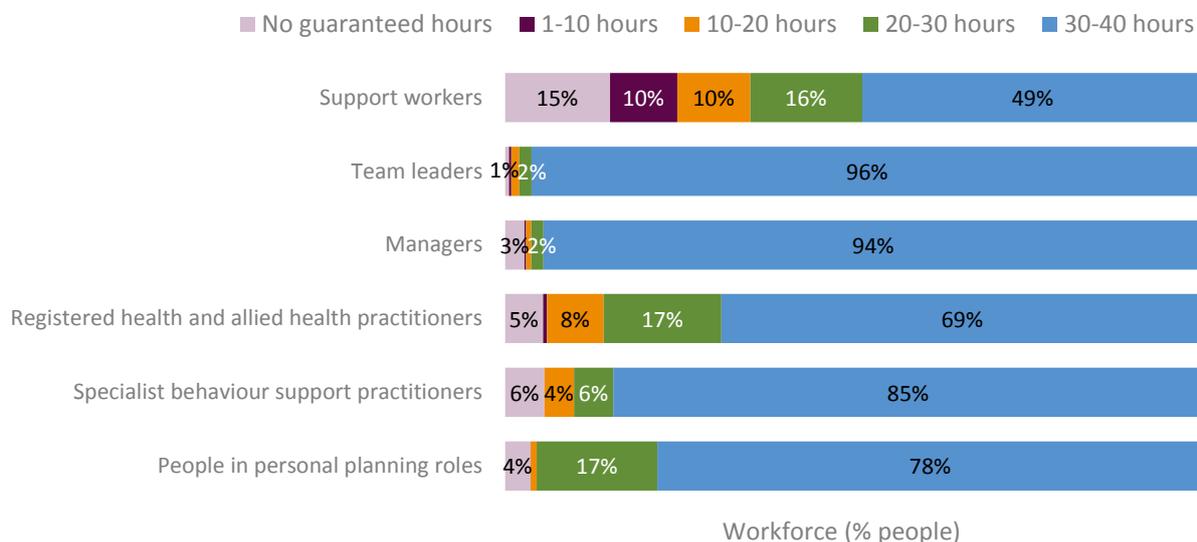
The number of hours worked by part-time employees varied by workforce group. On average, support workers worked 0.50 FTE and team leaders had the highest average of 0.85 FTE, see Figure 25.<sup>22</sup>



**Figure 25. Average workforce FTE (part-time) per person with highest and lowest reported values, by workforce group, reported by 36 organisations for 8,808 part-time employees.**

<sup>22</sup> The calculations used are described in the survey method section.

Support workers were most likely of all the workforce groups to be guaranteed less than 10 hours work per week (25 per cent of support workers), see Figure 26.



**Figure 26. Workforce with guaranteed minimum number of hours, reported by 20 organisations for 9,286 employees.**

### Hourly rates by workforce group

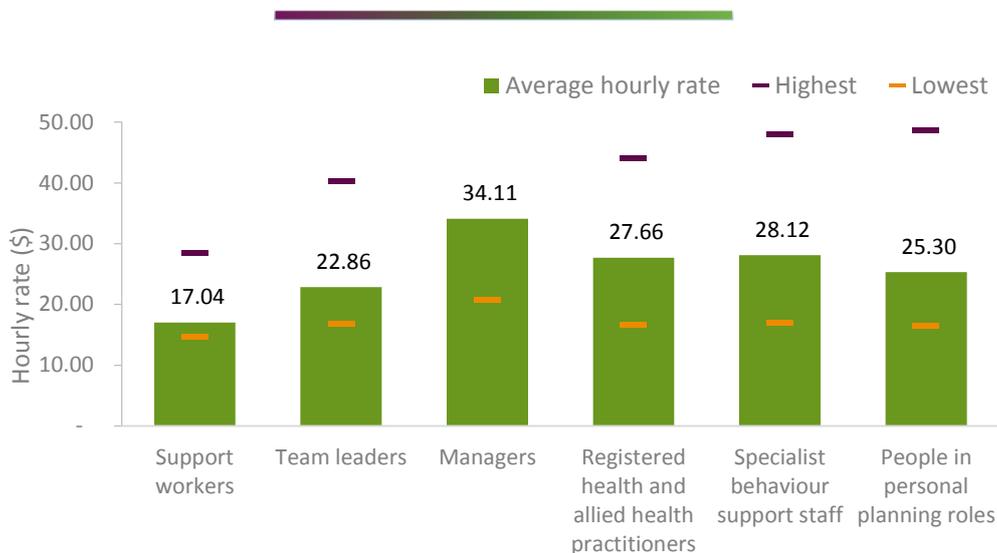
The average hourly rate for each workforce group is presented in Figure 27.<sup>23</sup> The hourly rate for support workers ranged from the 2015 minimum wage<sup>24</sup> (\$14.75) to just under \$28.60, and on average was \$17.04.<sup>25</sup>

<sup>23</sup> Based on the number of people employed and the average hourly rate reported for each workforce group, as described in the Method section

<sup>24</sup> From 1 April 2016, the minimum wage increased to \$15.25 per hour.

<sup>25</sup> Note that the highest hourly rate represents the single highest rate reported across all surveys, and the lowest hourly rate represents the single lowest rate, whereas the average is calculated using all surveys that reported both workforce and average hourly rate.

## 49/ The New Zealand disability support workforce



**Figure 27. Average, highest and lowest hourly rates by workforce group, reported by 42 organisations for 15,357 people.**

Note: The highest hourly rate for managers has not been reported because this is likely to represent only a small number of senior managers in large organisations.

Most (86 per cent) organisations with MOH DSS and MSD contracts, reported that holding both contracts did not make any difference to the hourly rate paid to their staff.

Open-ended feedback indicated the following.

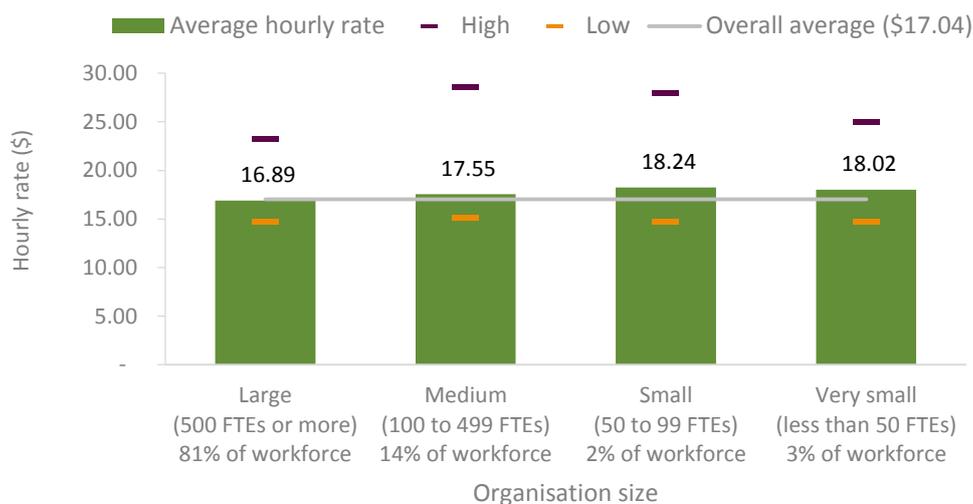
- In some cases the contract set the pay scale.
- Some organisations indicated that they set pay scales for all employees regardless of the contracting ministry.
- Where there was insufficient ministry funding, the costs of employing staff may be met by accessing other funding.
- Salary increases for staff can be impacted when ministry contract values do not increase year to year.

### Support worker hourly rates

Figure 28 shows the average hourly rate for support workers by organisation size. The grey horizontal line shows the overall average workforce hourly rate of \$17.04.

Support workers in very small to medium-sized organisations on average had a higher average hourly rate (\$17.55 to \$18.24) compared to those in large organisations (\$16.89).

## 50/ The New Zealand disability support workforce



**Figure 28. Average, highest and lowest hourly rates for support workers by organisation size, reported by 39 organisations for 13,657 support workers.**

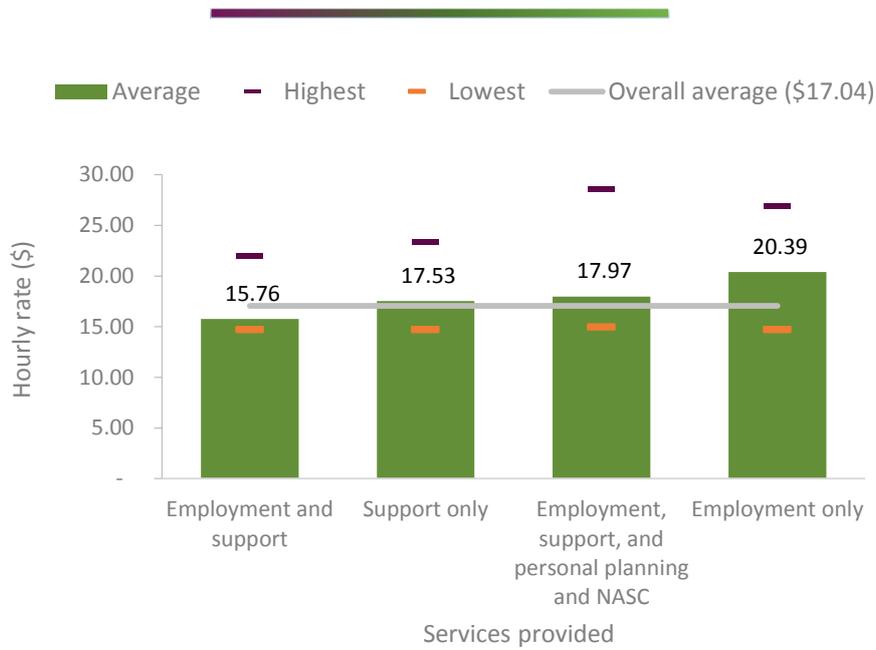
Note: The proportion of the workforce for each organisation size relates to responding organisations' reported support worker workforce (a total of 13,657 people).

Figure 29 shows the highest lowest and average hourly rates reported by organisations grouped according to the types of services provided.<sup>26</sup>

Organisations providing only employment services reported the highest average hourly rate of \$20.39, which was 20 per cent higher than the overall support worker average hourly rate (depicted by the grey line).

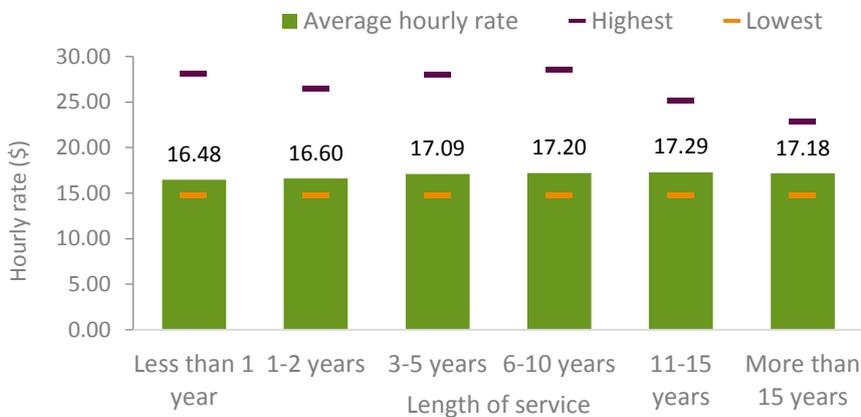
<sup>26</sup> Based on three service groups described in Figure 6.

51/ The New Zealand disability support workforce



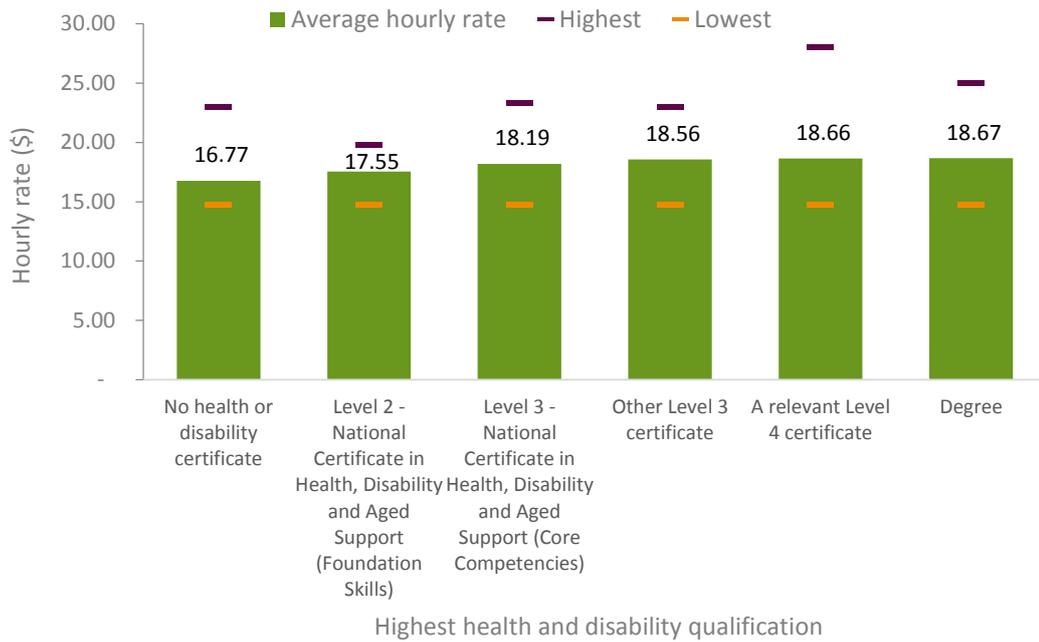
**Figure 29. Support workers' hourly rates by services provided, reported by 44 organisations for 13,651 support workers.**

As illustrated in Figure 30, support workers' hourly rates tended to increase with length of service up to 15 years.



**Figure 30. Average, highest and lowest hourly rate for support workers, by length of service, reported by 32 organisations for 13,000 support workers.**

While only 24 organisations (51 per cent of respondents) provided information about qualifications, Figure 31 shows that the average hourly rates for support workers tended to increase with the level of health and disability qualification.

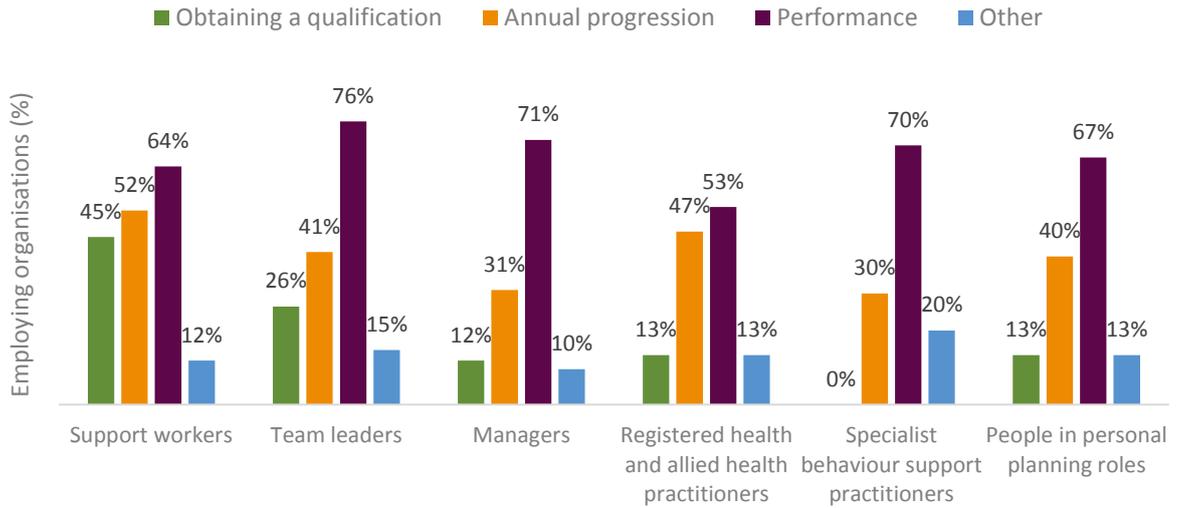


**Figure 31. Average, highest and lowest hourly rates for support workers by highest health and disability qualification, reported by 24 organisations for 2,827 support workers.**

### Salary band progression

Employers most commonly identified that their staff moved through salary bands by performance or annual progression, see Figure 32. The attainment of a qualification was also a key factor influencing salary band progression amongst support workers.

53/ The New Zealand disability support workforce



**Figure 32. Employing organisations’ criteria for salary band progression, by workforce group, reported by 53 to 97 per cent of employers.**

Most (84 to 92 per cent) employers conducted annual wage and salary reviews for their staff, see Figure 33.



**Figure 33. Frequency of wage and salary reviews, reported by 73 to 95 per cent of employers.**

During the year ended 30 June 2015, most (63 to 80 per cent) employing organisations awarded staff a pay increase of up to 2 per cent<sup>27</sup>, see Figure 34.



**Figure 34. Employing organisations by average pay increase for workforce groups, reported by 95 to 100 per cent of employers.**

## Other employment conditions

### Leave and professional development entitlements

Most (69 to 90 per cent) employing organisations provided the minimum annual leave entitlement of four weeks, see Figure 35. Nearly one-third offered more than four weeks to managers. This may reflect long service leave policies.

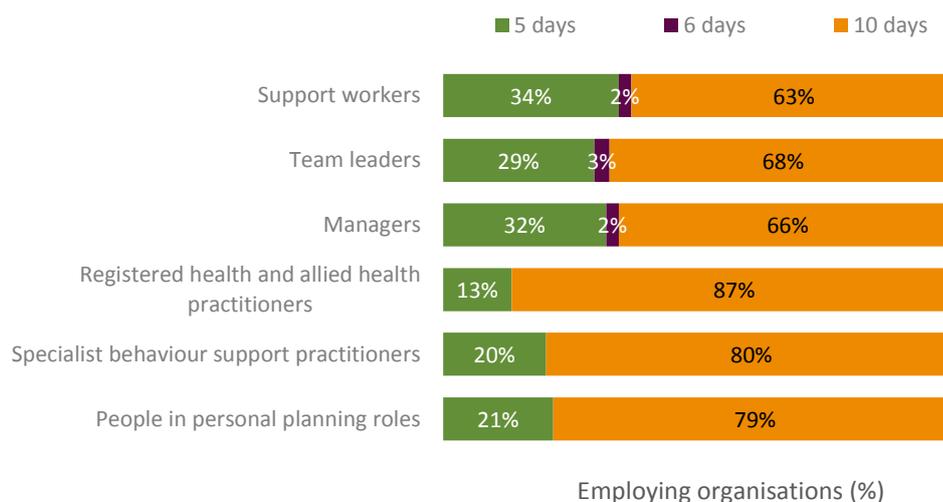
<sup>27</sup> Note that this question in the survey did not include the option to identify 3.1 to 4.0 per cent.

55/ The New Zealand disability support workforce



**Figure 35. Annual leave entitlements by workforce, reported by all employers.**

At least three in five employers (63 to 87 per cent) provided staff with 10 days sick leave, see Figure 36.

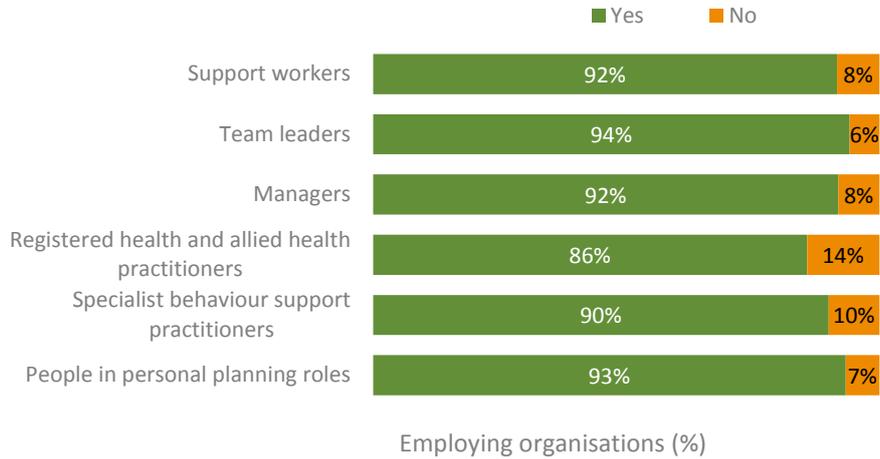


**Figure 36. Sick leave entitlements by workforce group, reported by 93 to 100 per cent of employers.**

Only a small proportion of organisations reported on professional development leave (10 to 33 per cent). Among those who did respond, the number of days provided ranged from 2 to 20 days and was 4 days on average. In some cases respondents commented that professional development days were not defined in contracts and were more commonly accessed as and when required.

### Access to motor vehicles

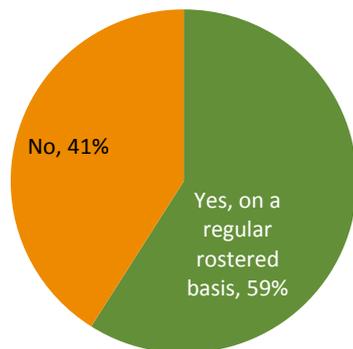
Most (86 to 94 per cent) organisations provided staff with cars to do their work, see Figure 37. However, the survey did not examine whether all staff had access to cars on a day-to-day basis.



**Figure 37. Employing organisations providing cars to staff members, reported by 86 to 100 per cent of employers.**

### Sleepovers

Just over half (59 per cent) of organisations reported that some support workers were required to sleepover on a regular-rostered basis, see Figure 38.



**Figure 38. Organisations requiring support workers to sleepover, reported by 39 organisations.**

Twelve organisations reported that nearly one-third (29 per cent) of their staff were regularly rostered for sleepovers.

All organisations reporting to this question indicated that staff were paid the minimum wage for sleepovers (\$14.75 per hour).

### **Allowances**

Forty per cent of organisations provided allowances to staff. Types of allowances reported included reimbursement for:

- use of private vehicles
- meals
- phones.

In addition, allowances were granted for particular circumstances including:

- qualifications allowance
- working overnight, weekends, on call, or overtime
- unusual circumstances, eg working with high needs clients, working alone, or travelling away from home.

### **Union membership**

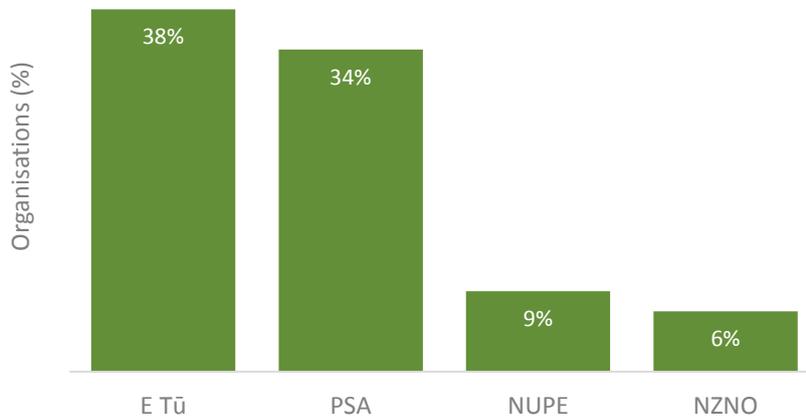
Up to 38 per cent of organisations reported that staff were employed under a collective agreement, see Figure 39. Such agreements were more commonly reported for support workers, registered health and allied health practitioners, and people in personal planning roles.

58/ The New Zealand disability support workforce



**Figure 39. Employing organisations with collective agreements, reported by 87 to 100 per cent of employers.**

Around one-third of organisations had staff members represented by E Tū (formerly the Service and Food Workers Union) and the Public Service Association (PSA). A small proportion of organisations also worked with the National Union of Public Employees (NUPE) and the New Zealand Nurses Organisation (NZNO), see Figure 40.



**Figure 40. Organisations working with unions, reported by 36 organisations.**

Unions represented 43 per cent of staff across all six workforce groups. Support workers were most likely to belong to a union (44 per cent), see Figure 41.

59/ The New Zealand disability support workforce



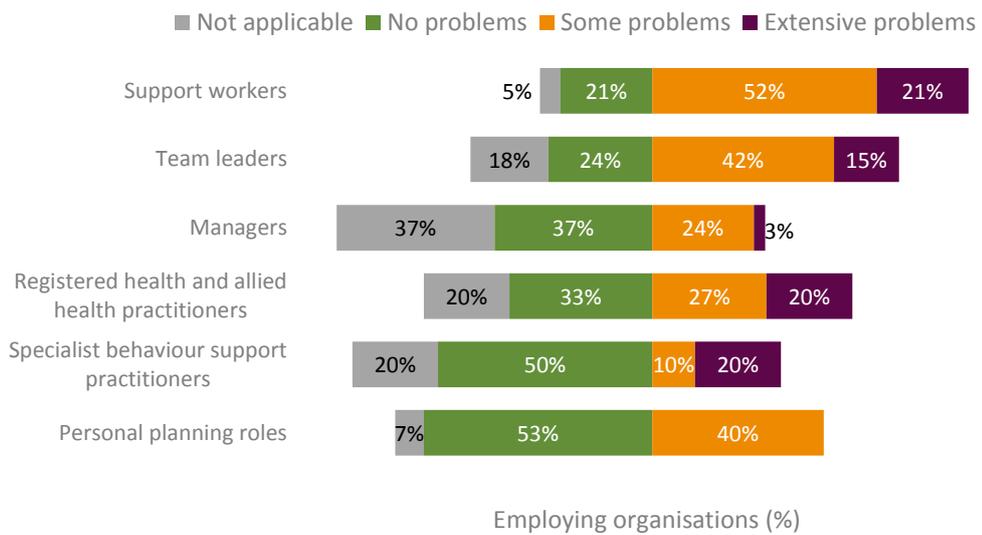
**Figure 41. Union membership by workforce group, reported by 44 organisations employing 15,150 people.**

## Recruitment and retention

This section describes survey results for recruitment and retention, identifying recruitment issues, advertising methods, and the reasons for employees leaving, by workforce group.

### Recruitment

Organisations were more likely to report problems recruiting support workers (73 per cent of employers) than for other workforce groups, see Figure 42.

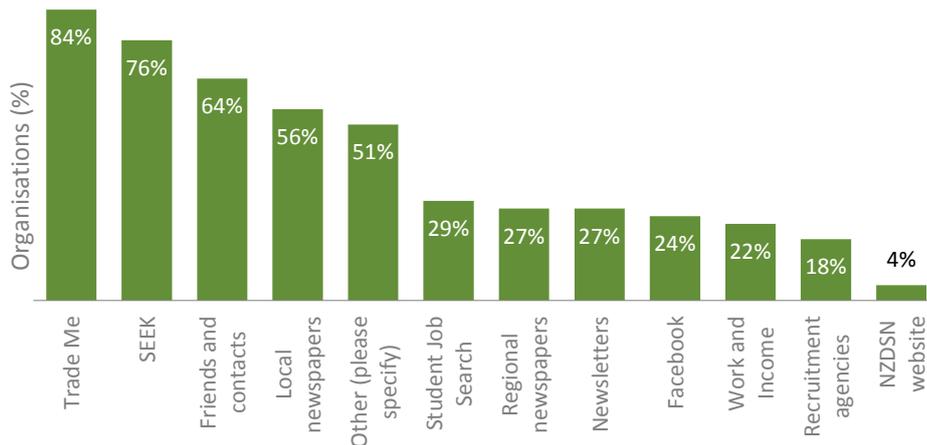


**Figure 42. Employing organisations reporting on experience filling vacancies, reported by 90 to 100 per cent of employers.**

While two organisations reported positive recruitment experiences most commented on recruitment difficulties. The main themes being:

- unable to meet applicants’ salary expectations or compete with salaries offered by other organisations or sectors
- difficulty attracting applicants of suitable ethnicity (that is Māori and Pasifika), and with appropriate qualifications, experience or skills, including language skills
- finding recruitment agencies with sector knowledge
- disability roles are not recognised by immigration to assist with work visas or residency
- receiving a large number of applications from overseas and difficulty attracting applicants who currently reside in New Zealand.

Most respondents reported using one or more of the following methods to advertise vacancies, with most identifying jobseeker websites, see Figure 43.



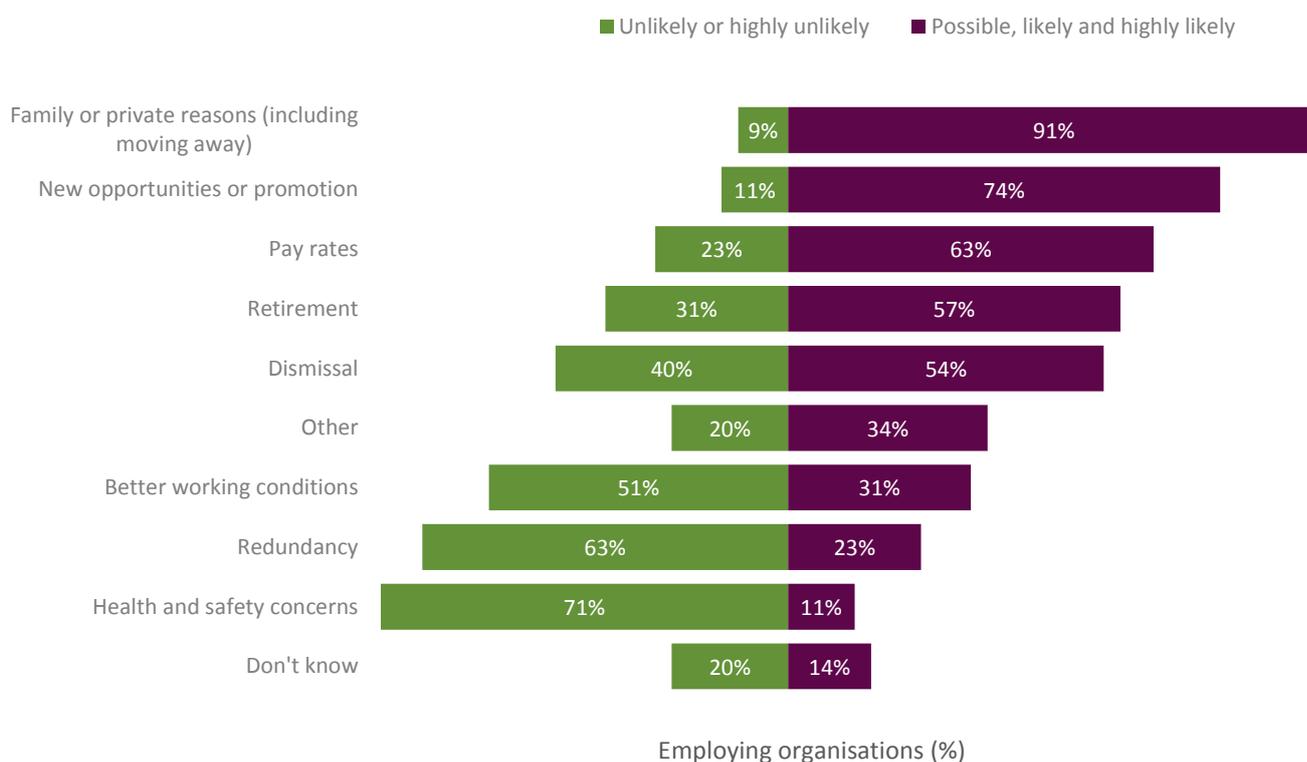
**Figure 43. Organisations using specified advertising methods, reported by 45 organisations.**

## Reasons for leaving employment

Most (84 per cent of) organisations offered staff exit interviews. Some commented that it was an option that many departing staff members did not take.

Most employing organisations stated that it was likely or highly likely that support workers left for family or private reasons, new opportunities or pay rates, Figure 44.

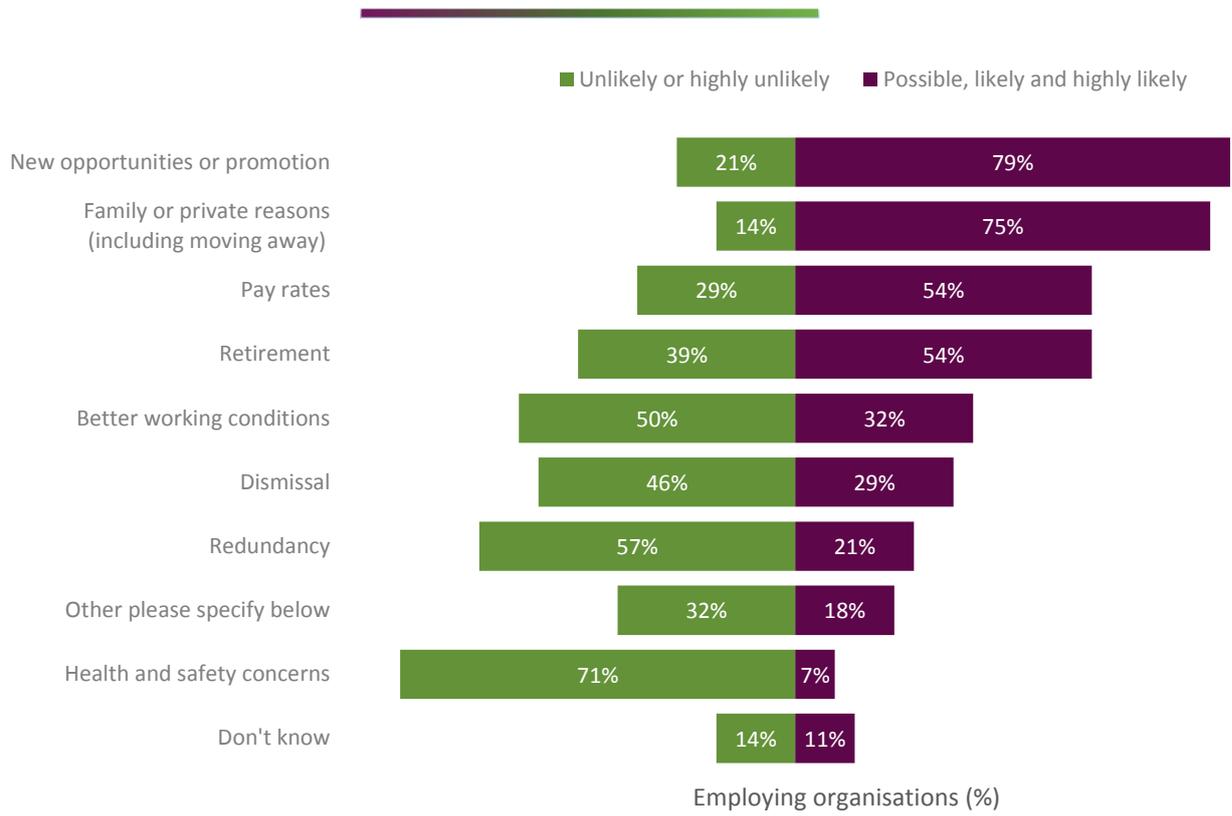
These results present employers' views about why staff leave their organisation. They may not reflect the reality so far as employees are concerned, particularly in light of comments about the low uptake of exit interviews by departing staff.



**Figure 44. Reasons identified by employers for support workers leaving, reported by 35 organisations.**

New opportunities, family or private reasons, and pay rates were also most likely to be identified as reasons for other staff leaving the organisation, see Figure 45.

62/ The New Zealand disability support workforce



**Figure 45. Reasons identified by employers for other staff members' leaving, reported by 34 organisations.**

## Discussion

The 2015 NZDSN and Te Pou disability workforce survey was undertaken to update our understanding of the size and configuration of 123 NZDSN member organisations' workforce and its demographic characteristics, education and training, employment conditions and recruitment and retention.

Forty-seven organisations reported to the survey (response rate of 38 per cent). They employed 17,905 people in 12,114 FTEs as at 30 June 2015.

We estimate that the total workforce employed by the 123 NZDSN member organisations invited to complete the survey is approximately 22,200 people in more than 15,380 FTE positions, see Table 3.<sup>28</sup>

The following discussion compares key survey findings with those of previous disability workforce surveys where appropriate,<sup>29</sup> and highlights areas for consideration in future workforce development and planning.

## Participant organisations

### Response rates

This survey was completed by 47 organisations. The response rate (38 per cent) was higher than the 2012 NZDSN survey (26 per cent) and lower than the 2011 NZDSN and Careerforce survey (65 per cent).

The 2015 survey results are most representative of the organisations with an annual revenue of greater than \$3 million; the survey had a response rate of 91 per cent among these members. The survey results are unlikely to be representative for non-reporting organisations that had annual revenue of less than

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<sup>28</sup> The survey method section shows the method used to estimate the workforce in all organisations invited to complete the survey.

<sup>29</sup> Recent workforce surveys are described in Appendix A.

\$3 million, as this group was less likely to respond to the survey (response rate was 26 per cent).

Workforce surveys are crucial for providing information to support workforce development and planning processes. To be useful, this information needs to be regularly updated and, as far as possible, representative of the disability sector.

Planning for future surveys should include efforts to improve:

- uptake by organisations
- item response rates within completed surveys.

## Government funding

The survey requested information about organisational income received from the MOH DSS and the MSD. Most (90 to 91 per cent) organisations were funded by the MOH DSS or the MSD, and two-thirds of those organisations (31) were funded by both ministries.

MOH DSS funding made up a large proportion of organisation income (averaging 72 per cent). Organisations reported that 87 per cent of their FTE workforce was MOH DSS funded. Most organisations with high levels of MOH DSS funding provided residential or community support-focused services, although some provided other services as well.

In contrast, MSD funding contributed around one-quarter of organisational income (27 per cent) and 12 per cent of the FTE workforce. All of the organisations with high levels of MSD funding provided employment-focused services. These results reflect some of the wide diversity of services provided by the organisations completing the survey.

## Organisation size

Five large organisations (having a workforce of more than 500 FTEs) reported most (72 per cent) of the workforce. In contrast, nearly

two-thirds (64 per cent) of the organisations collectively reported less than 8 per cent of the workforce. The 2015 survey results for organisation size are not comparable with previous NZDSN surveys (2012, 2011), so change over time is not able to be assessed.

## Services delivered

In terms of the services specified in the survey, half of the organisations provided residential (51 per cent) or supported employment (45 per cent) services. These rates were higher than reported to the 2012 NZDSN survey (23 per cent and 10 per cent respectively). Supported living services was also higher in 2015 (32 per cent, compared with 14 per cent in 2012) (NZDSN, 2012).

Some of the differences in services described by the 2015 and 2012 surveys may be due to a different mix of organisations reporting to each survey. There may have been an increase in the number of members providing supported employment services since 2012.

There has also been a general broadening of the scope of disability support services, which now includes a greater emphasis on personal planning services.<sup>30</sup> In addition, funding changes over recent years have led to a number of organisational closures and mergers, as well as the introduction of new providers, all of which have influenced the profile of the NZDSN membership.

## Location

Respondents covered a wide geographic spread. A higher proportion of respondents delivered services in the areas with large urban centres, such as Auckland, Waikato, Wellington and Canterbury, compared to other areas.

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<sup>30</sup> It is notable that people in personal planning roles were not included in the 2012 NZDSN survey.

## Workforce size and composition

Organisations reported their total workforce included 17,905 people in 12,114 FTE positions, comprised of 11,905 FTEs employed and 209 FTEs vacant (2 per cent vacancy rate).

The low vacancy rate coupled with results showing high staff turnover may indicate that vacancies as at 30 June 2015 were under-counted by the survey. This was possibly because the survey was conducted nearly five months later, in November. Another possibility was that because the unemployment rate was relatively high during this period at 6 per cent, vacancies were able to be quickly filled (Statistics New Zealand, 2015).

The composition of the workforce in 2015 differed slightly to that reported in 2012. Support workers made up a similar proportion of the total reported workforce (nearly 80 per cent, compared to 82 per cent in 2012). Whereas team leaders and registered and allied health practitioner roles comprised a greater proportion of the 2015 workforce (5 and 2 per cent, compared to 2 and 1 per cent respectively in 2012) (NZDSN, 2012).

These differences may reflect that different types of organisations reported to the two surveys, with a greater proportion of organisations delivering employment services reporting in 2015. Individualised funding arrangements may mean that more support workers are being employed outside of formal organisations.

There may also have been a broadening of the scope of disability support work in recent years to include more specialist and professional roles. Up to one-third of organisations reported they employed registered and allied health professionals, specialist behaviour support staff and people in personal planning roles, although these groups comprised a small proportion of the overall workforce (2 per cent each).

Most (87 per cent) of the workforce was employed by organisations providing a combination of support and employment services. Those delivering only support services reported 10 per cent of the

workforce, and those delivering only employment services reported 2 per cent.

## Workforce groups

The survey identified demographic information for employees in six workforce groups: support workers, team leaders, managers, registered and allied health practitioners, specialist behaviour support staff, and people in personal planning roles.

## Employee demographics

The demographic profile of the workforce will signal a number of areas for future workforce development.

### Age

The median age for the 2015 workforce was 45 to 54 years. For support workers, the age range results were consistent with those reported in 2012 (NZDSN, 2012).

The 2015 results show that, over the next 10 years, more than one-third of support workers will attain or exceed 65 years of age, as will nearly one-third of registered and allied health practitioners, managers and team leaders, see Figure 46.



**Figure 46. Workforce groups with a high proportion of employees aged 55 years or older.**

This finding indicates there is an urgent need for workforce development strategies to grow and retain the younger workforce. Future research might also consider ways to retain access to the skills and knowledge of the mature workforce.

### **Gender**

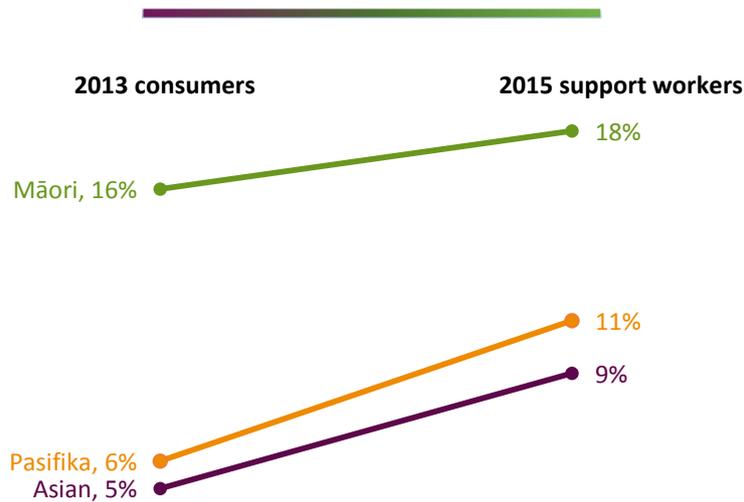
The 2015 survey found that a slightly larger proportion of the total workforce was female (75 per cent), compared to the 2011 NZDSN and Careerforce survey (72 per cent). Registered and allied health practitioners had the highest proportion of female employees (83 per cent).

In contrast, males comprised more than half (56 per cent) of the clients of MOH DSS-funded services (Ministry of Health, 2015). These results indicate that future workforce development is needed to increase gender diversity across the entire workforce.

### **Ethnicity**

In 2015, Māori and Pasifika representation among support workers had increased to 18 and 11 per cent respectively, up from 14 and 8 per cent in 2012 (NZDSN, 2012). There was no change in Asian representation among support workers (9 per cent) between the two surveys.

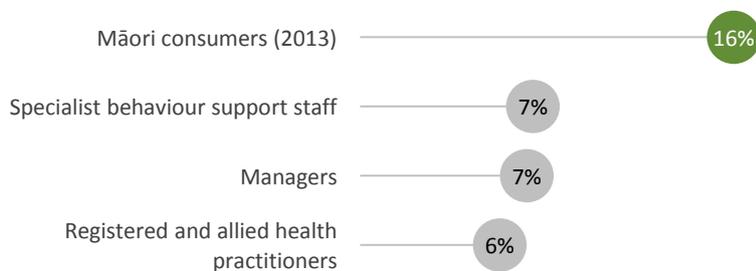
A greater proportion of 2015 support workers identified as Māori, Pasifika or Asian compared to 2013 consumers (Ministry of Health, 2015), see Figure 47.



**Figure 47. Comparison of Māori, Pasifika and Asian representation among MOH DSS service consumers with 2015 support workers.**

Consumer data source: Ministry of Health, 2015.

The 2015 survey identified that Māori representation was relatively low compared to consumers among managers, registered and allied health practitioners, and specialist behaviour support staff, see Figure 48.



**Figure 48. Comparison of Māori representation in selected workforce groups with MOH DSS service consumers.**

Consumer data source: Ministry of Health, 2015.

Pasifika representation was relatively low compared to consumers for some leadership and professional roles, see Figure 49.



**Figure 49. Comparison of Pasifika representation in selected workforce groups with MOH DSS service consumers.**

Consumer data source: Ministry of Health, 2015.

Workforce development strategies are needed to grow Māori and Pasifika leadership, and Asian representation in the disability workforce. These result suggests that existing strategies like targeting of disability workforce development grant funding for leadership education programmes should be continued. In addition, these strategies may need to be augmented by others that continue to build Māori, Pasifika and Asian participation in both the support worker and professional workforce groups.

### Employees living with disability

The 2015 survey found that 7 per cent of employees lived with a disability. This finding is lower than the employee self-reported rate identified by Higgins et al. in 2009 (14 per cent). The difference between these two surveys may be the result of the very low response to this question in 2015, suggesting that employers are not collecting or able to access this information. It may also reflect the different collection methods between the two surveys, as the 2009 survey was based on employee self-reported disability, including mental and physical changes associated with aging.

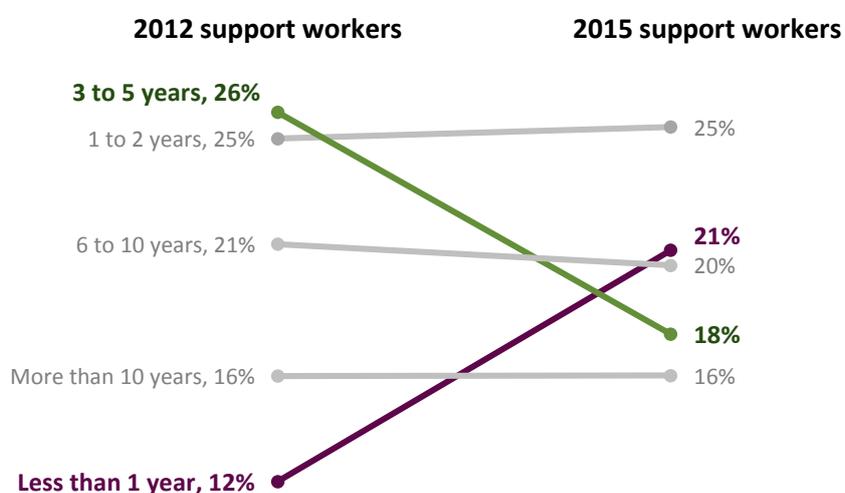
In the future, organisations might consider how they might better collect and access this information about their employees.

Alternatively, this information may be more reliably collected by surveying disability workers directly. Either strategy would enable

the disability sector to demonstrate its progress towards equal employment opportunities over time.

## Length of service and turnover

For support workers, the median range for average length of service was 3 to 5 years in 2015, the same as 2012. However, the proportion of support workers employed for less than 1 year was twice that of 2012, and those employed for 3 to 5 years had decreased by one-third, see Figure 50.

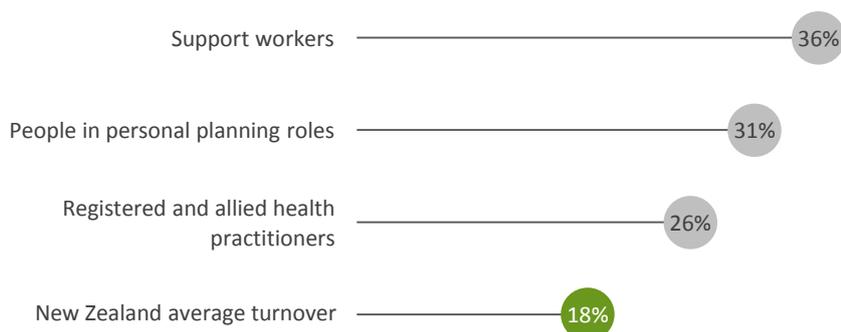


**Figure 50. Comparison of support worker length of service in 2012 and 2015.**

2012 data source: NZDSN, 2012

In response to this finding, organisations might wish to examine their induction, training, buddying and recruitment processes to improve retention of newly employed staff members.

Staff FTE turnover rates for the 2014/2015 year were 33 per cent across all six workforce groups, and highest for support workers (36 per cent) and the workforce groups shown in Figure 51. These rates were up to twice that of the 2015 national average turnover rate, which was 18 per cent (Lawson Williams Consulting Group Ltd, 2016).



**Figure 51. Comparison of workforce groups with high turnover with New Zealand average turnover.**

New Zealand average turnover data source: Lawson Williams Consulting Group Ltd, 2016.

Previous work by the Public Service Association and NZDSN (2012) has revealed that turnover rates in the disability sector tend to increase with improving economic conditions. The turnover rate found in this survey may be attributed in part to this.

Length of service and turnover results indicate that future workforce development strategies will be needed to retain workers who have been employed for less than three years. While these results potentially suggest that high turnover is contributing to the large proportion of people with short length of service, further research is needed to clearly identify high turnover groups and develop retention strategies.

## Qualifications

Improving the uptake of health and disability qualifications, and the development of identifiable career pathways to advanced and specialised programmes is a current priority for workforce development (Ministry of Health, 2013). Workforce surveys provide information to support ongoing monitoring of progress towards these goals.

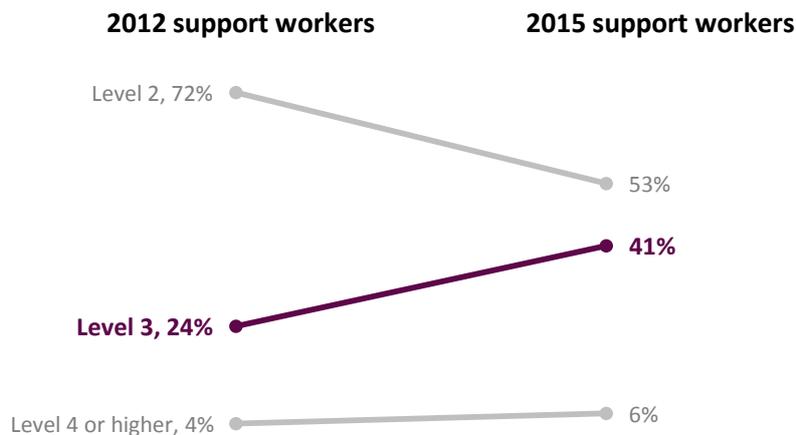
### Tertiary qualifications

Support workers working in employment services had higher rates of tertiary qualifications than those employed by support services (68 per cent, compared to 43 per cent). This may be indicative of differences in the type of support work in each of these types of services. However, the very low response to this question means that results were not able to be assessed across the range of service groups.

Differences in qualification levels across different service groups reflect the diversity of the workforce across reporting organisations. Future workforce surveys may need to identify sub-groups of support workers, so that workforce information can separately identify the support workforce from the employment workforce.

### Health and disability qualifications

Nearly three-quarters of support workers had health and disability qualifications. This is almost twice the rate reported in 2012 (42 per cent) (NZDSN, 2012). For support workers with any health and disability qualification, in 2015 the proportion with level three qualifications was nearly double that of 2012, see Figure 52. This trend reflects the recent increase in disability workforce development grant funding for level three qualifications (Te Pou, 2015).



**Figure 52. Comparison of rates for support worker highest health and disability qualifications in 2012 and 2015.**

2012 data source: NZDSN, 2012.

Future workforce development strategies might include setting specific targets for minimum qualification levels within the support worker workforce. Such targets would need to be set with an understanding of the skills needed by support workers.

As shown in Figure 52, there has been a small increase in the proportion of support workers whose highest health and disability qualification is at level four or above. Further research is needed to identify support workers' training needs and available qualifications beyond level three, to support development of future training programmes.

Support workers in small and medium-sized organisations were more likely to have a health and disability qualification compared to very small or large organisations. Further research is required to understand why these differences exist and whether there needs to be greater targeting of existing workforce development strategies, such as increasing large organisations' access to grants for formal qualifications for their workforce.

Key areas for future workforce development and training included:

- understanding Māori models of health
- developing a range of cultural competencies challenging stigma
- developing active reflection skills.

Organisations identified that additional areas for training need to be developed, particularly in relation to:

- behaviour support
- working with people who are on the autism spectrum
- working with people who have dual diagnosis or high and complex needs.

These findings underscore the need for expansion of current health and disability qualifications, and for training grant funding to be available for consumer leadership development.

## Employment conditions

Addressing issues with pay and working conditions is a workforce development priority (Ministry of Health, 2013) as well as the subject of recent disability sector advocacy (see for example Public Service Association & NZDSN, 2012; NZDSN, 2015). Understanding the current situation for the workforce is crucial to developing appropriate strategies to address these issues.

### Employment contracts

More than half<sup>31</sup> of support workers worked part-time in 2015, compared to 42 per cent in 2012. Another 10 per cent of support workers were casually employed, compared to 6 per cent in 2012 (NZDSN, 2012). In 2015, one-quarter of support workers were employed for less than 10 hours per week, with more than half of those people having no guaranteed minimum hours of work.<sup>32</sup>

Further research is needed to understand whether the high rates of part-time and casual employment are an advantage or disadvantage for recruitment and retention or turnover.

### Average hourly rates

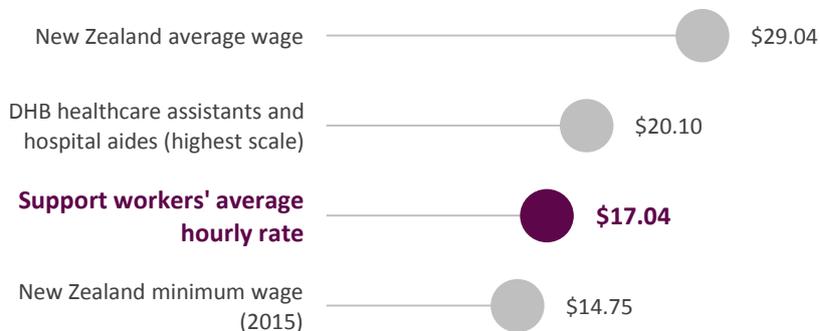
Support workers' average hourly rate was \$17.04, see Figure 53. This was 16 per cent higher than the minimum wage (\$14.75) and 41 per cent lower than the New Zealand average hourly wage for the June 2015 quarter (\$29.04) (Trading Economics, n.d.). In comparison, district health board (DHB) healthcare assistants and

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<sup>31</sup> The part-time workforce ranged from 51 to 59 per cent depending on how part-time is defined. The 2015 survey defined part-time work as less than 37.5 hours per week, and respondents reported 59 per cent of the workforce met this definition. However, the 2012 NZDSN survey did not provide a definition and people may have completed it using the more common definition of less than 30 hours per week. In 2015, 51 per cent of support workers were described as having less than 30 hours of guaranteed work.

<sup>32</sup> The Employment Standards Legislation Bill currently before parliament may see the end of these so-called zero hour contracts during 2016.

hospital aides were paid up to 18 per cent higher (\$17.41 to \$20.10) (New Zealand Nurses Organisation, 2015).<sup>33</sup>



**Figure 53. Support workers' average hourly rate compared with other New Zealand hourly rates.**

Data sources: Trading Economics, n.d. and New Zealand Nurses Organisation, 2015.

Currently the government, through the Ministry of Health, is in negotiations with service providers to improve pay rates for aged-care, home-based care, and disability support workers. Future workforce surveys will enable measurement of progress towards pay equity with other sectors.

Employment services paid an average hourly rate to support workers that was 20 per cent higher than the average hourly rate for all services. This likely reflects the differing nature of the work in employment services and, possibly, that higher qualifications are required of employment support workers.

Support workers' pay rates tended to increase with length of service and qualifications, reflecting other results showing that support workers tend to be progressed through salary bands by annual progression and attaining a qualification. There is scope for extending the formal qualifications framework to provide specialist

<sup>33</sup> Hourly rates for these roles were calculated by dividing the annual salary scales in employment agreements by 40 hours per week and 52 weeks per year.

support worker training at level four and above, in order to further develop career pathways.

## Recruitment and retention

Recruiting people with the right attitudes, experience and skills, and retaining them in the disability workforce, are vital to ensure long-term return on investment in the workforce.

Three-quarters of employers reported problems recruiting support workers, and half had problems recruiting to team leader and registered and allied health roles. Open-ended comments indicated the lack of pay parity with other sectors is seen as an impediment to employing support workers and professionals.

Perceived recruitment problems may be influenced by a number of factors identified in this survey, such as pay rates and qualifications. Further research will help to clarify the extent of pay parity issues, for example, and to identify suitable workforce development strategies.

Half of employers identified that dismissal was a possible or likely reason for support workers leaving their organisation. However, only one in 10 respondents cited health and safety concerns as a possible reason, despite these being highly likely to result in dismissal. These results suggest that further research is needed to identify the extent of dismissal as a factor for staff turnover and to understand the various reasons for dismissing staff.

Increasing the use of existing workforce tools in recruitment processes and in-house training, such as *Let's get real: Disability* (Te Pou, 2014b), will support the workforce to have the right knowledge, skills and attitudes to undertake disability support work.

## Limitations

This survey was limited to 123 NZDSN member organisations. The membership included organisations funded by the MOH DSS, the

MSD and the ACC, as well as from other sources. These organisations are not necessarily representative of the wider disability support sector.

The response rate to the survey was very low, at 38 per cent of organisations invited to complete it. The results presented here are most likely to represent the workforce in large organisations, which had a high response rate. The results are unlikely to be representative of organisations with an annual revenue of less than \$3 million, as this group had the lowest response rate (averaging 26 per cent).

For organisations completing the survey, workforce information was provided by an organisation's manager, rather than collected from individual employees. The results have the limitation that these are reflective of the extent and accuracy of managers' knowledge, or access to human resource information systems, and whether those systems hold accurate and complete employee information. Future surveys may consider collecting some information directly from the workforce.

The NZDSN members surveyed included organisations offering a variety of different types of services. Results tend to obscure specific differences between different types of services, such as between support services and employment services. This is because organisations completed one survey for all the disability services they provided.

The total people employed reported to the survey may not reflect unique individuals. Some people may be counted more than once if, for example, they are employed in more than one role within an organisation or across more than one organisation.

The turnover rates presented in this report are likely to under-report the number of people leaving organisations, because they were calculated based on FTE positions not people. Turnover rates per FTE employed are likely to be lower than per person employed, because one FTE can be filled by more than one person.

Results based on low or very low item response rates may not be representative of the workforce in all respondent organisations. Appendix B describes the approach used to identify and categorise item responses.

Some survey questions provided respondents with an incomplete set of response options. These included questions about:

- average annual pay increases, which did not include the range from 3 to 4 per cent
- highest health and disability qualifications, which did not include level 5 certificate or level 6 diploma qualifications.

Survey respondents were asked to complete the survey for specified workforce groups, see Table 2. Feedback from some respondents indicated a need for greater clarity around the composition of workforce groups. In particular, there is not a clear distinction between the support worker and team leader groups. Many team leaders are involved in both supervision of other staff members and direct service provision to clients. Likewise, the team leader group included employment consultants, who may have no supervisory responsibilities and be engaged solely in service provision.

## Conclusions

This survey's findings show there has been some progress towards meeting the priorities outlined in the *Disability Support Services: Workforce action plan 2013–2016* (Ministry of Health, 2013), including:

- improved uptake of health and disability qualifications by support workers, increasing from 42 per cent in 2012 to 73 per cent in 2015
- increased ethnic diversity in the workforce, particularly in relation to Māori and Pasifika participation.

The findings also reflect established challenges to workforce development for direct service delivery staff in disability support services (Public Service Association & NZDSN, 2012). In particular:

- an aging workforce; in 10 years' time one-third of the workforce will be aged 65 years or older
- a predominantly female workforce
- low Māori and Pasifika representation in leadership and some professional roles
- low average hourly rates for support workers
- high staff turnover.

In addition, low item response rates for some aspects of the survey suggest that organisations had difficulties accessing workforce information. This was particularly the case in relation to information about workforce ethnicity, highest qualifications and employees living with disability.

Workforce development and planning relies on regularly updated and robust workforce information. Improving the capture and reporting of employee information, whether for organisations' own planning purposes or for future workforce surveys, will support building this resource.

Further research is needed to support workforce development strategies to address these challenges. Areas highlighted in this report are summarised below.

- Identify current disability support career pathways and potential future pathways.
- Identify areas for specialist support worker education and training.
- Identify high turnover groups within the workforce and the reasons for turnover, so as to inform potential future workforce retention strategies.
- Identify areas for future qualification development based on an understanding of the skills that support workers need.
- Understand employees' needs in relation to their employment conditions, for example, whether guaranteed hours of work or working part-time help or hinder recruitment and retention.
- Understand the costs of high turnover so as to identify strategies to transform these costs into an investment in workforce skills and qualifications.
- Identify the extent of dismissal as a factor for staff turnover and understand the various reasons for dismissing staff.
- Understand the workforce development needs of large organisations that appear to be most affected by these workforce development challenges.

The results presented here indicate that there is a need for future workforce development strategies, such as:

- finding ways to retain the skills and knowledge of older workers as they near 65 years old
- improving the retention of younger workers
- continuing to build Māori and Pasifika leadership in the sector
- supporting equal employment opportunities in the sector for people living with disability
- building on current work to increase uptake of level two and level three health and disability qualifications
- setting targets for minimum qualification levels among support workers
- increasing the use of existing workforce tools in recruitment processes and in-house training, such as *Let's get real: Disability*.

The information collected by the 2015 NZDSN and Te Pou disability workforce survey will support future workforce planning and development strategies. NZDSN and Te Pou thank the survey participants for their contribution to this survey.

# Appendices

## Appendix A: Recent workforce surveys

Some recent surveys of the disability support sector workforce are listed in Table 7.

**Table 7. Summary of recent disability workforce surveys**

Survey	Year	Sample size and response rate	Information collected
New Zealand Home Health Association	2011	Workforce survey of 41 member organisations of the New Zealand Home Health Association. Respondents were organisation managers. Response rate: 49%.	Included disability and (home healthcare) community support workers. <ul style="list-style-type: none"> <li>• Workforce size.</li> <li>• Employee demographics.</li> <li>• Qualifications and future skills needed. (Quigley &amp; Marsh, 2011).</li> </ul>
NZDSN and Careerforce	2011	Workforce survey of 129 NZDSN member organisations. Respondents were organisation managers. Response rate: 65%.	Undertaken to support development of the Careerforce sector skills strategy document. <ul style="list-style-type: none"> <li>• Total workforce size (not identified in workforce groups).</li> <li>• Employee demographics.</li> <li>• Qualifications: did these meet training needs? (NZDSN &amp; Careerforce, 2011).</li> </ul>
NZDSN	2012	Workforce survey of 129 NZDSN member organisations. Respondents were organisation managers. Response rate: 26%.	<ul style="list-style-type: none"> <li>• Workforce size by role group.</li> <li>• Employee demographics.</li> <li>• Employment status and unionisation.</li> <li>• Qualifications. (NZDSN, 2012).</li> </ul>

## Appendix B: Response rates

Low response rates, missing and unreported information affects whether this survey's results can be interpreted as representative of all organisations invited to complete the survey.

There are two main types of incomplete information:

- surveys that were not returned from invited organisations
- surveys returned that did not provide answers to particular questions, or provided incomplete information about the reported workforce.

This section describes how response rates are calculated and describes the implications for understanding the survey results.

### Non-responding organisations

The overall response rate to the survey was very low (38 per cent). This means that the results presented here are likely to be biased and may not be generalisable to all organisations, particularly for organisations with annual turnover of less than \$3 million, see Table 4.

While the survey method section describes the calculations used to estimate the workforce size in non-responding organisations, this estimate will be biased if those non-responding organisations differ to respondents.

### Incomplete survey responses

For the completed surveys where respondents missed particular questions or provided answers that did not reflect their entire reported workforce, we have categorised item response rates in Table 8.<sup>34</sup>

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<sup>34</sup> For discussion on the impact of response rates on reliability see Schlomer, Bauman and Card (2010) and Roth (1994).

**Table 8. Item response rates and our interpretation**

Item response size	Item response rate
90% or more	High
80%–89%	Moderate
50%–79%	Low
Up to 50%	Very low

## Appendix C: Tables of results and item response rates

### Organisation results

**Table 9. Summary of item responses by organisation**

Organisation	Responses		Item response rate <sup>35</sup>
	No.	%	
<b>Disability services provided</b>	<b>47</b>	<b>100</b>	<b>High</b>
Residential services	24	51	
Community participation	23	49	
Supported employment / employment placement	21	45	
Other	17	36	
Supported independent living	15	32	
Home and community support	14	30	
Personal planning / navigator / NASC services	11	23	
Business enterprises / vocational	11	23	
Respite care	10	21	
RIDSAS services	8	17	
<b>Location</b>	<b>47</b>	<b>100</b>	<b>High</b>
Northland	2	4	
Auckland	14	30	
Waikato	9	19	
Gisborne (Tairāwhiti)	1	2	
Hawke's Bay	6	13	
Taranaki	5	11	
Bay of Plenty	6	13	
Manawatu / Whanganui	8	17	
Horowhenua	5	11	
Wairarapa	4	9	
Hutt Valley / Kāpiti / Wellington	10	21	
Nelson / Marlborough	5	11	
West Coast	1	2	
Canterbury	9	19	
South Canterbury	1	2	
Otago	4	9	
Southland	3	6	
Nationwide	7	15	
<b>Training opportunities</b>	<b>47</b>	<b>100</b>	<b>High</b>
In-house	42	89	
Training networks	41	87	
Education providers	36	77	
Other	44	94	

<sup>35</sup> Item response rates are calculated based on the total number of organisations reporting to the survey (47).

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Organisation	Responses		Item response rate <sup>35</sup>
	No.	%	
<b>Staff development needs (practice)</b>	<b>43</b>	<b>91</b>	<b>High</b>
Understands Māori models of health and wellbeing (eg Te Whare Tapa Whā, Te Pae Mahutonga)	42	89	
Actively reflecting on the way they work with disabled persons	41	87	
Establishing a positive connection with family and whānau	41	87	
Focusing on disabled people's aspirations and strengths	43	91	
Understand relevant rights, standards and laws (eg Treaty of Waitangi, UN Convention on the Rights of Persons with Disabilities etc)	42	89	
Challenging stigma and discrimination towards disabled people	43	91	
Promoting social inclusion and citizenship	43	91	
<b>Staff development needs (cultural)</b>	<b>43</b>	<b>91</b>	<b>High</b>
For working with Māori	43	100	
For working with Pasifika	42	98	
For working with Asian communities	41	95	
<b>Number of clients seen</b>	<b>45</b>	<b>96</b>	<b>High</b>
<b>Number of volunteers hosted</b>	<b>38</b>	<b>81</b>	<b>Moderate</b>
<b>Unions representing staff</b>	<b>36</b>	<b>77</b>	<b>Low</b>
<b>Advertising methods</b>	<b>45</b>	<b>96</b>	<b>High</b>
<b>Exit interviews</b>	<b>44</b>	<b>94</b>	<b>High</b>
<b>Support workers reason for leaving (42 employers)</b>	<b>35</b>	<b>83</b>	<b>Moderate</b>
<b>Other staff reason for leaving (47 employers)</b>	<b>34</b>	<b>72</b>	<b>Low</b>

## Workforce results

**Table 10. Summary of workforce results and response rates**

Results	Support workers		Team leaders		Managers		Registered and allied health		Specialist behaviour support staff		People in personal planning roles		Item response rate <sup>36</sup>
	No	%	No	%	No	%	No	%	No	%	No	%	
<b>Age</b>	<b>12,791</b>	<b>91</b>	<b>546</b>	<b>95</b>	<b>414</b>	<b>84</b>	<b>247</b>	<b>66</b>	<b>115</b>	<b>61</b>	<b>160</b>	<b>84</b>	<b>Low–high</b>
Under 25 years	1,013	8	16	3	2	0	5	2	2	2	6	4	
25-34 years	1,852	14	84	15	28	7	51	21	31	27	35	22	
35-44 years	2,098	16	125	23	103	25	42	17	32	28	40	25	
45-54 years	3,256	25	156	29	153	37	72	29	24	21	42	26	
55-64 years	3,362	26	147	27	110	27	64	26	18	16	31	19	
65-74 years	1,144	9	17	3	18	4	13	5	8	7	5	3	
75 years and over	66	1	1	0	0	0	0	0	0	0	1	1	
<b>Gender</b>	<b>13,558</b>	<b>96</b>	<b>572</b>	<b>99</b>	<b>462</b>	<b>94</b>	<b>354</b>	<b>94</b>	<b>184</b>	<b>97</b>	<b>181</b>	<b>95</b>	<b>High</b>
Female	10,221	75	398	70	351	76	295	83	128	70	133	73	
Male	3,337	25	174	30	111	24	59	17	56	30	48	27	
<b>Ethnicity</b>	<b>3,674</b>	<b>26</b>	<b>319</b>	<b>55</b>	<b>162</b>	<b>33</b>	<b>117</b>	<b>31</b>	<b>56</b>	<b>30</b>	<b>138</b>	<b>72</b>	<b>Very low–low</b>
NZ European	1,813	49	189	59	116	72	66	56	33	59	65	47	
Other European	207	6	42	13	19	12	14	12	11	20	11	8	
Māori	666	18	42	13	12	7	7	6	4	7	19	14	
Pasifika	410	11	13	4	2	1	6	5	4	7	23	17	
Asian	339	9	18	6	2	1	21	18	3	5	13	9	
Other	239	7	15	5	11	7	3	3	1	2	7	5	
<b>Workforce including staff living with disability</b>	<b>1,052</b>	<b>7</b>	<b>105</b>	<b>18</b>	<b>111</b>	<b>23</b>	<b>44</b>	<b>12</b>	<b>71</b>	<b>38</b>	<b>69</b>	<b>36</b>	<b>Very low</b>
Staff living with disability	81	8	2	2	12	11	2	5	6	8	3	4	
<b>Length of service</b>	<b>13,699</b>	<b>97</b>	<b>552</b>	<b>96</b>	<b>466</b>	<b>95</b>	<b>354</b>	<b>94</b>	<b>182</b>	<b>96</b>	<b>183</b>	<b>96</b>	<b>High</b>
Less than 1 year	2,845	21	64	12	46	10	61	17	20	11	36	20	
1–2 years	3,485	25	97	18	74	16	113	32	69	38	45	25	
3–5 years	2,409	18	115	21	82	18	56	16	24	13	56	31	
6–10 years	2,766	20	151	27	112	24	70	20	22	12	34	19	
11–15 years	1,160	8	66	12	64	14	34	10	20	11	6	3	
More than 15 years	1,034	8	59	11	88	19	20	6	27	15	6	3	
<b>Staff turnover rates (FTEs)</b>	<b>8,885</b>	<b>97</b>	<b>533</b>	<b>95</b>	<b>435</b>	<b>91</b>	<b>261</b>	<b>96</b>	<b>172</b>	<b>99</b>	<b>170</b>	<b>98</b>	<b>High</b>
Total FTE turnover	3,177	36	80	15	67	15	67	26	28	16	53	31	

<sup>36</sup> Item response rates are calculated using the number of people employed or FTE positions employed plus vacant for each workforce group as the denominator, see Table 6.



Results	Support workers		Team leaders		Managers		Registered and allied health		Specialist behaviour support staff		People in personal planning roles		Item response rate <sup>36</sup>
	No	%	No	%	No	%	No	%	No	%	No	%	
<i>Average hourly rates by quals</i>	2,827	20											Very low
<i>Union members</i>	6,246	44	239	41	161	33	103	27	10	5	21	11	Very low

## Employing organisations

Table 11. Summary of employing organisation responses

Employers	Support workers		Team leaders		Managers		Registered and allied health		Specialist behaviour support staff		People in personal planning roles		Item response rate <sup>37</sup>
	No	%	No	%	No	%	No	%	No	%	No	%	
<i>Collective agreements</i>	39	93	31	91	37	89	13	87	10	100	14	93	Moderate–high
<i>Salary band progression</i>	38	90	33	97	36	86	14	93	10	100	8	53	Low–high
<i>Wage and salary reviews</i>	39	93	31	91	40	95	11	73	9	90	13	87	Low–high
<i>Average wage increase</i>	41	98	33	97	40	95	15	100	10	100	15	100	High
<i>Annual leave</i>	42	100	34	100	42	100	15	100	10	100	15	100	High
<i>Sick leave</i>	41	98	34	100	41	98	15	100	10	100	14	93	High
<i>Professional development</i>	9	21	8	24	11	26	5	33	1	10	2	13	Very low
<i>Cars available</i>	36	86	34	100	37	88	14	93	10	100	15	100	Moderate–high
<i>Sleepovers required</i>	39	93											High
<i>Recruitment problems</i>	42	100	33	97	38	90	15	100	10	100	15	100	High

<sup>37</sup> Item response rates are calculated using the number of organisations employing each workforce group as the denominator, see Figure 9.

## Appendix D: Survey document

The 2015 NZDSN and Te Pou disability workforce survey document is available from the [NZDSN website](#).

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