

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

A SUMMARY REPORT



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Contents

Introduction.....	4
Background.....	5
Method.....	5
About the participant organisations	7
Location of services provided	8
Government contracts.....	9
Services provided	10
Workforce size and composition	11
Disability workforce development	13
Workforce demographic profile	13
Age.....	14
Gender.....	15
Ethnicity.....	16
Measuring equal employment opportunities	18
Recommendations	19
Recruitment and retention.....	20
Recruitment	20
Length of service	21
Turnover	22
Reasons for leaving employment	23
Recommendations.....	23
Workforce qualifications and skills	24
Health and disability qualifications	24
Tertiary qualifications	26
Recommendations.....	28
Employment conditions	29
Employment contracts	29
Average hourly rates.....	30
Recommendations.....	31
Conclusions	31
Appendix	33
References.....	35

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: Real skills for people working in disability (Let's Get Real: Disability)* (Te Pou o te Whakaaro Nui, 2014b), can support workforce development by providing tools to build the right knowledge, skills and attitudes in the workforce to undertake disability support work.

This summary report presents selected results from the 2015 New Zealand Disability Support Network (NZDSN) and Te Pou o te Whakaaro Nui (Te Pou) disability workforce survey of 123 NZDSN member organisations.¹ The report:

- provides a brief overview of the characteristics of participating organisations
- discusses key findings in relation to the *Disability Support Services: Workforce action plan, 2013–2016* (Ministry of Health, 2013) and the previous NZDSN survey (NZDSN, 2012), with comparisons made to other relevant information
- makes recommendations for future research and workforce development strategies.

¹ The full survey report titled *The New Zealand disability support workforce: 2015 survey of NZDSN member organisations* is available from the Te Pou website: www.tepou.co.nz and the NZDSN website: www.nzdsn.org.nz.

Background

Workforce development strategies aim to attract and retain the workforce needed to deliver services now and into the future. Such strategies will enable organisations to be responsive to the needs of consumers. Workforce development strategies are informed by workforce planning activities that use current workforce information, such as that provided by this survey, to identify current and future service needs (Te Pou, 2014a).

Disability workforce development occurs primarily in the context of community-based services, delivered by non-government organisations operating in a competitive funding environment. Government funding for disability support services is mainly provided by the Ministry of Health Disability Support Services (MOH DSS) and Ministry of Social Development (MSD).

The 123 NZDSN member organisations invited to participate in this survey were funded by the MOH DSS to provide supported living or residential services, or by the MSD to provide employment support and participation and inclusion services.

Method

The survey was undertaken by NZDSN and Te Pou in partnership. It had two aims.

1. To provide workforce and wage information to support improving sector investment.
2. To provide updated information about the workforce to support future workforce planning and development.

Information was requested about workforce size, composition, demographic profile, wages and employment conditions, qualifications and training needs. The workforce in aged-care services, and in mental health and addiction services was excluded from the survey.

The survey was sent to 123 NZDSN member organisations, including 122 non-government organisations and one district health board during November 2015. Forty-seven organisations returned completed surveys (38 per cent response rate), including 46 non-government organisations and one district health board.²

Results were screened prior to analysis and analyses were undertaken using Excel. Only completed survey responses were analysed. Analyses were undertaken for most questions, where sufficient information was available.³

Full details of the analyses are described in the full survey report, *The New Zealand disability support workforce: 2015 survey of NZDSN member organisations*, available from the Te Pou website: www.tepou.co.nz and the NZDSN website: www.nzdsn.org.nz.

² A copy of the survey is available from the NZDSN website: www.nzdsn.org.nz.

³ Most survey items had a response rate greater than 80 per cent.

About the participant organisations

46 non-government organisations and **ONE** district health board reported that their workforce as at 30 June 2015 included:

17,905

people employed in

11,905

full-time equivalent (FTE) positions

with another

209

FTE positions vacant (2 per cent)

giving a total workforce of

12,114

FTE positions.

During the year ended 30 June 2015, these organisations saw:

approximately

81,000

clients

hosted nearly

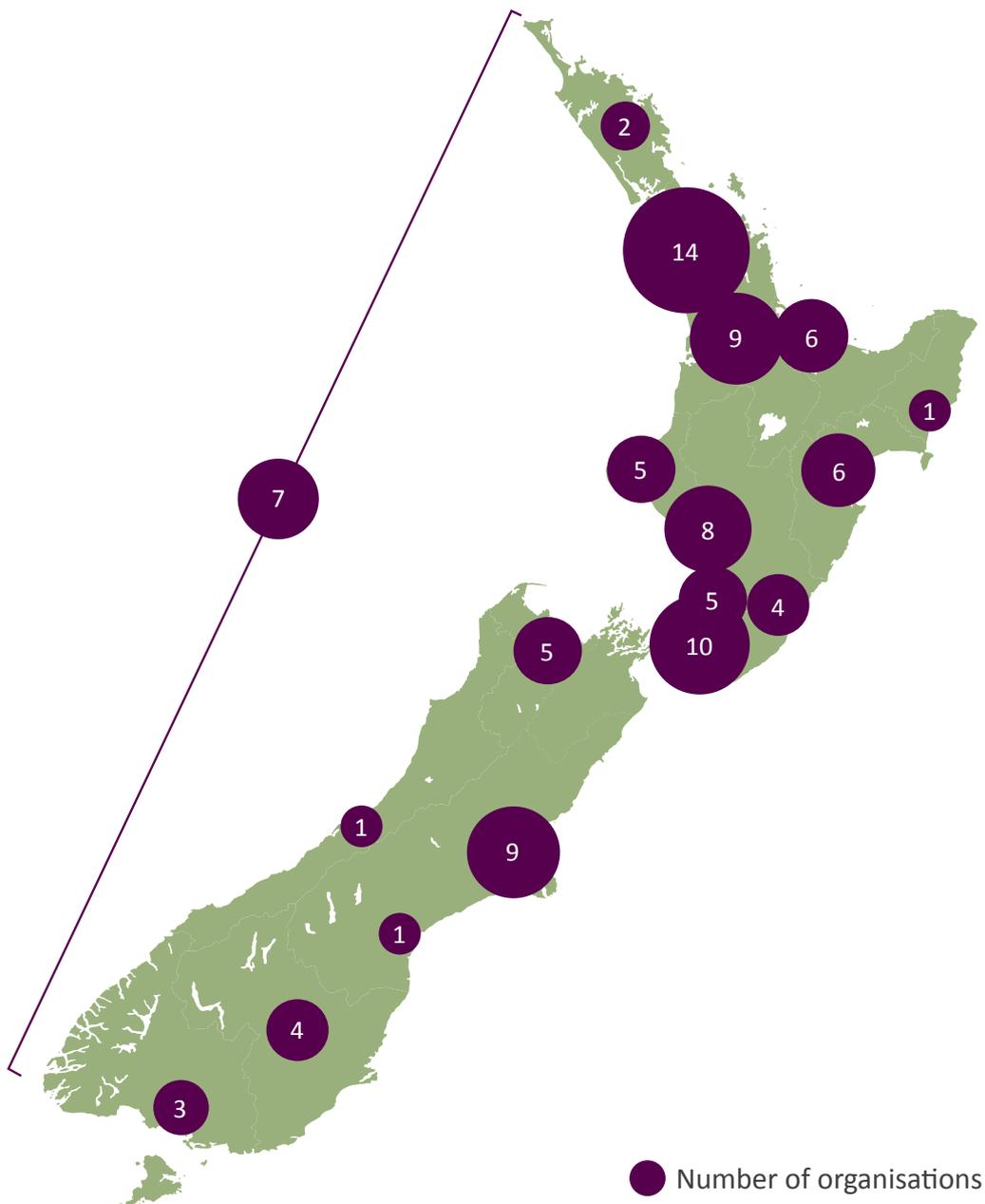
2,600

volunteers.

Location of services provided

The map shows the number of organisations delivering services by geographic area. Seven organisations delivered services nationwide; these are not included in the totals shown on the map.

Location and Number of Organisations Reporting to the Survey



Government contracts

Most organisations were funded by the MOH DSS or the MSD, with over two-thirds (31) having income from both sources.

Half of the organisations funded by the MOH DSS received 80 per cent or more of their income from this source. These organisations provided disability support services,⁴ as well as employment and participation services,⁵ or personal planning services and Needs Assessment and Service Coordination (NASC) services.

In contrast, 15 per cent of all the organisations funded by the MSD received most of their income from this source. These organisations mostly provided only employment and participation services.

⁴ Support services specified in the survey included residential, supported independent living, home and community support, respite care, and Regional Intellectual Disability Supported Accommodation Services (RIDSAS).

⁵ Employment and participation services specified in the survey included community participation, supported employment and employment placement, business enterprises and vocational services.

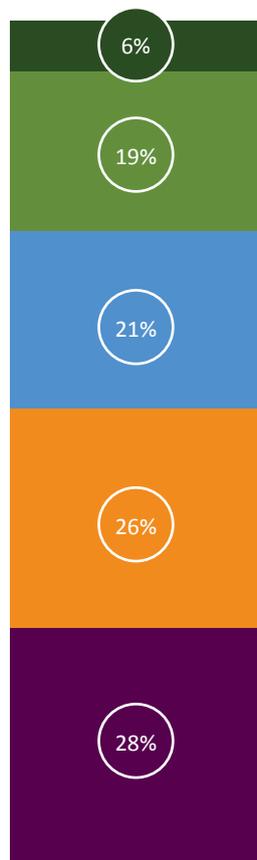
Services provided

Most responding organisations provided either support services or employment and participation services, or a combination of the two groups.

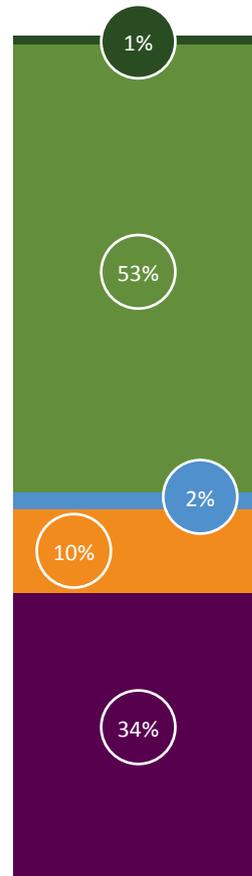
Reported Workforce by Services Delivered

Organisations delivering a combination of support and employment services reported 87% of the workforce

% Organisations



% Workforce



- Employment and support
- Employment, support and personal planning and NASC
- Support only
- Employment only
- Other

Note: 'Employment' includes the employment and participation services described in footnote 5.

Workforce size and composition

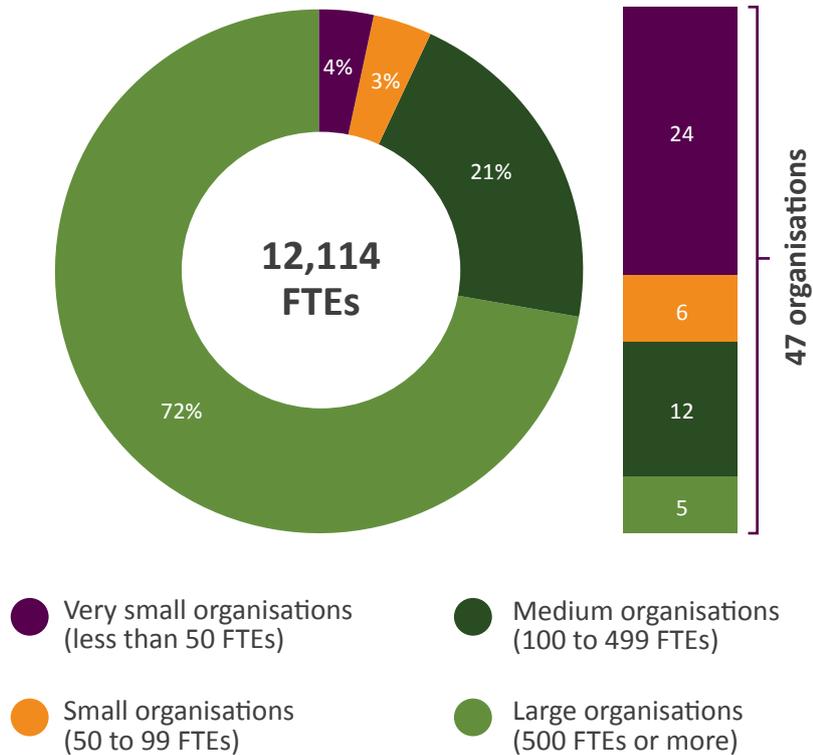
The workforce reported to the survey included 17,905 people employed in 11,905 FTE positions, with another 209 FTE positions vacant as at 30 June 2015.

We estimate the total workforce employed by the 123 NZDSN member organisations invited to complete the survey was approximately 22,200 people in more than 15,380 FTE positions.

The size of the workforce in organisations varied. Five large organisations reported most of the FTE workforce, whereas a large number of smaller organisations reported less than 8 per cent of the workforce. A table in the Appendix shows the number of people and FTE positions by workforce groups.

FTE Workforce by Organisation Size

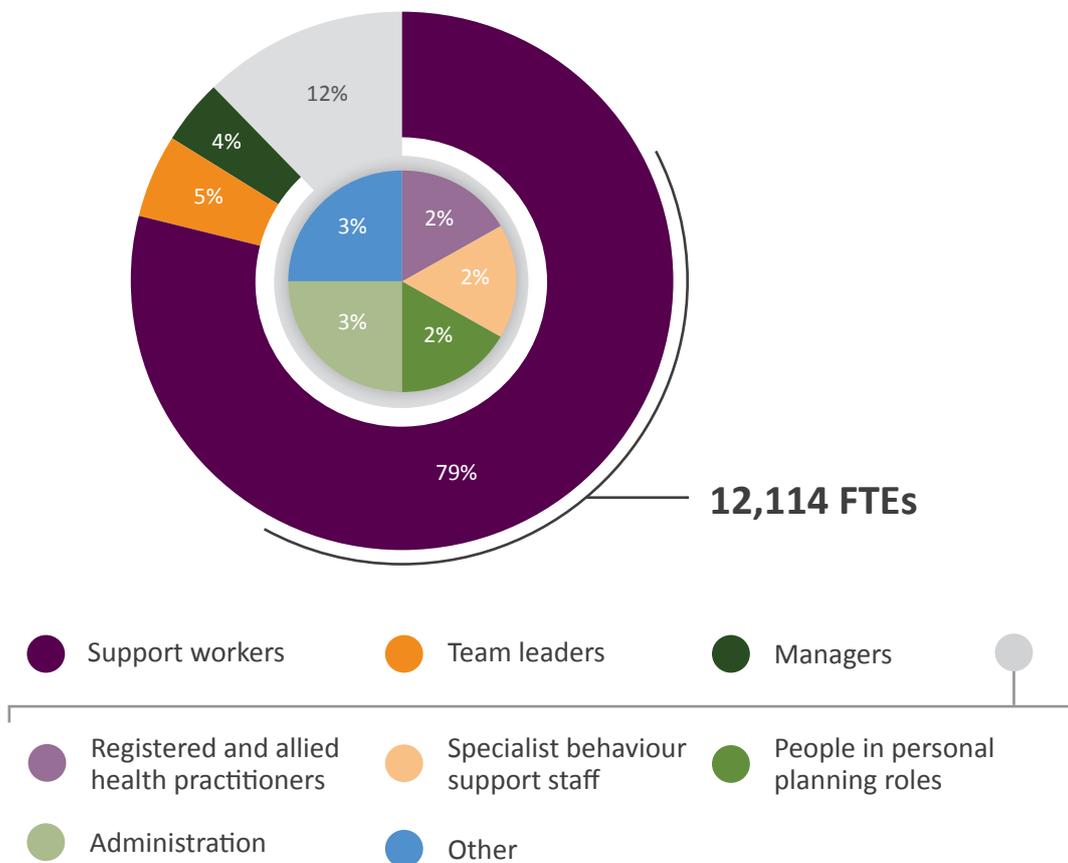
Five large organisations reported 72 per cent of the FTE workforce



Support workers, team leaders and managers made up nearly 90 per cent of the FTE workforce.

Distribution of the Workforce by Workforce Groups

Support worker roles comprised 4 out of 5 FTE positions in the workforce



Compared to the previous survey of NZDSN member organisations (NZDSN, 2012), the 2015 workforce had a greater proportion of team leader and registered and allied health practitioner roles (2 and 1 per cent respectively in 2012, compared to 5 and 2 per cent in 2015).

This difference may reflect that different types of organisations reported to the two surveys, with the 2015 survey being completed by more organisations delivering employment and participation services than in 2012.

Disability workforce development

A number of previous workforce surveys (Public Service Association & NZDSN, 2012) and the *Disability Support Services: Workforce action plan, 2013–2016* (Ministry of Health, 2013) identified the following priorities for disability workforce development.

- Improving diversity in the workforce demographic profile.
- Addressing recruitment and retention issues.
- Increasing the qualifications within most of the workforce to at least a level two or three health and disability certificate, and increasing workforce skills in specialist areas.
- Addressing ongoing issues with pay and working conditions.

The following sections describe the 2015 NZDSN and Te Pou survey results relating to these priorities, and compares them with the previous 2012 NZDSN survey and other relevant information. Each section concludes with recommendations for future research and workforce development strategies.

Workforce demographic profile

Understanding the current demographic profile will support decisions about the future direction and focus of workforce development strategies. Results presented here focus on:

- workforce age, gender and ethnicity
- measuring equal employment opportunities in the workforce for people who live with disabilities.

Age

Like many other countries, workforce development in New Zealand needs a plan for an aging workforce. The survey found the median employee age range was 45 to 54 years, which is consistent with the findings of the 2012 NZDSN survey. However, over the next 10 years, up to one-third of employees in most workforce groups will be aged 65 years or older.

Workforce Groups with a High Proportion of People Aged Over 55 Years

In 10 years' time, one in three support workers will exceed 65 years old



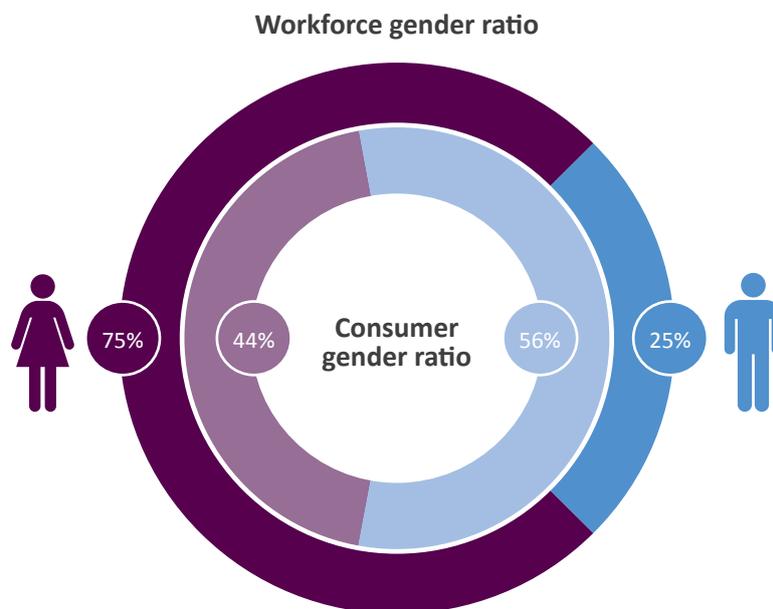
There is an urgent need for workforce development strategies to grow and retain the younger workforce, particularly those aged under 45 years who currently comprise at least one-third (33 to 41 per cent) of the workforce. In addition, it may be helpful to explore ways to retain access to the skills and knowledge of the mature workforce into their 60s and beyond.

Gender

More than half (56 per cent) of MOH DSS consumers are male (Ministry of Health, 2015). In contrast, women make up 75 per cent of the workforce across direct service delivery staff.

Comparison of Workforce Gender Ratios with Consumers

Male workers comprise one-quarter of the disability support workforce, but more than half of consumers are male



Consumer data source: Ministry of Health, 2015.

These results indicate there is need for future workforce development strategies to encourage more men into disability support roles.

Ethnicity

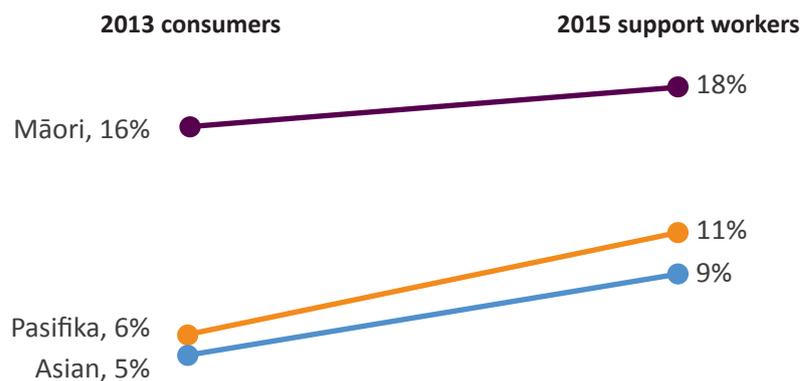
Improving ethnic diversity in the workforce can help to improve services' cultural responsiveness, as well as providing consumers with the opportunity to work with people of the same ethnic background.

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.

Māori, Pasifika and Asian representation among 2015 support workers exceeded that of MOH DSS consumers.

Māori, Pasifika and Asian Consumers Compared to 2015 Support Workers

Māori, Pasifika and Asian ethnic groups are well represented in 2015 support workers, compared to 2013 consumers



Consumer data source: Ministry of Health, 2015.

However, Māori were represented at less than half the rate of 2013 consumers as registered and allied health professionals, managers, and specialist behaviour support staff.

Māori Representation in 2013 Consumers Compared to Selected Workforce Groups

Māori are under-represented in management and some professional roles



Consumer data source: Ministry of Health, 2015.

Pasifika were under-represented in leadership and registered and allied health roles compared to 2013 consumers.

Pasifika Representation in 2013 Consumers Compared to Selected Workforce Groups

Pasifika are under-represented in leadership and registered and allied health roles



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.

Existing strategies should be continued, like targeting disability workforce development grant funding for leadership education programmes to Māori and Pasifika workers. In addition, these strategies need to be augmented by others to build Māori, Pasifika and Asian participation in all workforce groups.

Measuring equal employment opportunities

The United Nations (2006) *Convention on the Rights of Persons with Disabilities* prioritises equal access to employment opportunities for people who live with disability. In addition, the employment of disabled people in the support workforce provides opportunities for consumers to be supported by people who have similar life experiences.

The 2015 survey found that 7 per cent of employees lived with disability. However, this result may be an under-estimation as the survey question had a low response rate. It is possible that employers are not collecting or able to reliably access this information.

7% of Employees Lived with Disability



Collecting information about employees who live with disability will enable the disability sector to demonstrate its progress towards providing equal employment opportunities. In the future, organisations might consider how they can better collect and access this information about their employees. Alternatively, this information may be more reliably collected by surveying disability workers directly.

Recommendations

Workforce development strategies are needed to:

- retain the skills and knowledge of older workers as they near 65 years old
- grow and improve the retention of the younger workforce
- continue to build Māori and Pasifika leadership in the sector
- improve data collection about equal employment opportunities for people living with disability and promote the employment of disabled people in the sector.

Recruitment and retention

Workforce development strategies are needed to ensure that investment in staff skills and training contributes long-term returns to the disability sector, and to minimise the costs associated with staff turnover.

The *Disability Support Services: Workforce action plan, 2013–2016* (Ministry of Health, 2013) identified creation of career pathways into specialist programmes as a priority for improving recruitment and retention.

Current information about recruitment, employees' length of service, staff turnover rates, and employees' reasons for leaving will help to identify where workforce development strategies should be targeted.

Recruitment

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

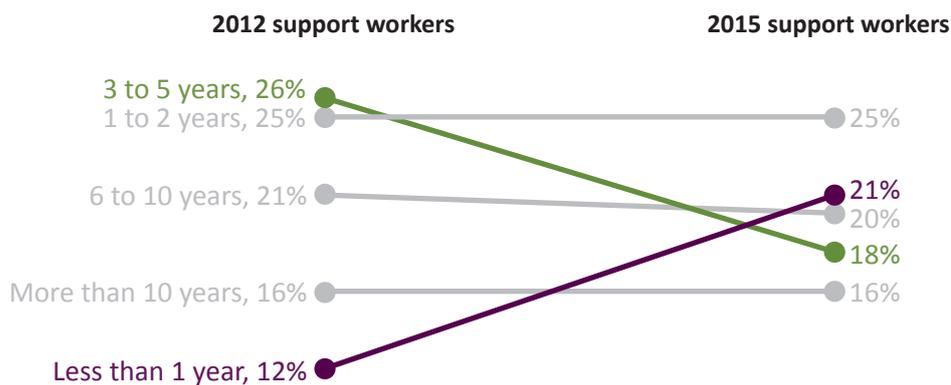
Perceived recruitment problems may be influenced by a number of factors identified in this survey, such as pay rates and qualifications. More information is needed to clarify the extent of pay parity issues, and to identify suitable strategies to better retain the workforce.

Length of service

For support workers, the median range for average length of service was 3 to 5 years in 2015, the same as in 2012 (NZDSN). However, the proportion of people employed for 3 to 5 years had declined, and those employed for less than 1 year had almost doubled.

Change in Support Workers' Length of Service Rates Between 2012 and 2015

Recently employed support workers have doubled, while those employed for 3 to 5 years have declined



2012 data source: NZDSN, 2012.

These results indicate future workforce development strategies are needed to retain workers who have been employed for less than 3 years. This may include, for example, enhancing or strengthening organisations' induction, training, buddying and recruitment processes to improve retention of recently employed staff members.

The reasons for the relative stability of the workforce employed for longer than 5 years could be explored to help develop targeted strategies to improve retention of other workers.

Turnover

Overall, FTE staff turnover rates for responding organisations was 33 per cent. The highest turnover rates were among support workers, people in personal planning roles, and registered and allied health professionals. These were up to twice the 2015 New Zealand average turnover rate, which was 18 per cent (Lawson Williams Consulting Group Ltd, 2016).

Comparison of Selected Workforce Groups' FTE Turnover Rates with the New Zealand National Average

Support worker turnover rates were twice the New Zealand average



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

Because more than half of the disability workforce is employed part-time, the staff turnover rate will be higher than the reported FTE turnover rate.

Previous work by the Public Service Association and NZDSN (2012) suggests turnover rates in the disability sector tend to increase with improving economic conditions, as workers are more easily able to access other employment. The turnover rate found in this survey may be attributed in part to this.

Further research is needed to clearly identify high turnover groups and the reasons for turnover to support the development of targeted retention strategies.

Reasons for leaving employment

Half of employers identified that dismissal was a possible or likely reason for support workers leaving their organisation. However, only 1 in 10 respondents cited health and safety concerns as a possible reason, despite these being highly likely to result in dismissal. These results suggest further research is needed to identify the extent of dismissal as a factor for staff turnover and 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.

Recommendations

To improve recruitment and retention, further research is needed to:

- clarify reasons for recruitment issues
- understand the factors promoting stability in the workforce employed for more than 5 years
- identify high turnover groups within the workforce and the reasons for this turnover
- understand the extent of dismissal as a factor for staff turnover and to unpack the various reasons for dismissing staff.

The tools provided in *Let's get real: Disability*, can help to develop the workforce attitudes and skills appropriate to disability support work.

Workforce qualifications and skills

Increasing uptake of health and disability qualifications, improving workforce skills, and developing career pathways to specialist programmes are key priorities of the *Disability Support Services: Workforce action plan, 2013–2016* (Ministry of Health, 2013).

Information about current qualification levels in the workforce will support strategies to increase workforce skills. This, in conjunction with an understanding of skill development needs, will support strategies to increase the workforce knowledge, skills and attitudes needed to deliver quality care to consumers.

Health and disability qualifications

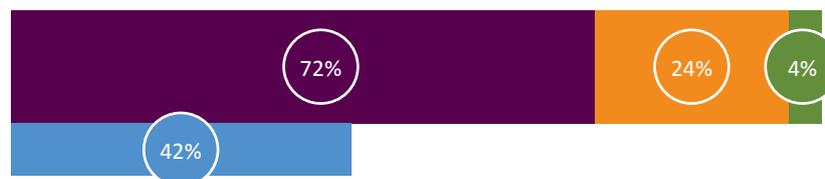
In 2015, 73 per cent of support workers had some kind of health and disability qualification.⁶ This was nearly twice the rate reported in 2012 (42 per cent). In addition, the proportion of support workers for whom level three was the highest qualification had doubled since 2012 (NZDSN, 2012).

⁶ Note that the survey question did not ask for information about the workforce with level five certificate or level six diploma qualifications.

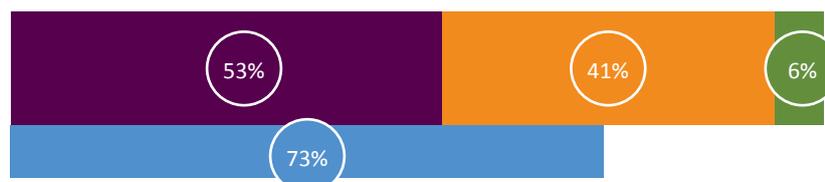
Comparison of 2012 and 2015 Support Worker Rates of Health and Disability Qualifications

Support workers in 2015 were nearly twice as likely to have level three qualifications compared to 2012

2012 support workers



2015 support workers



- Level 2
- Level 3
- Level 4 or higher
- Total workforce with H&D qualifications

2012 data source: NZDSN, 2012.

The increase in level three qualifications reflects the shift also seen in disability workforce development grant funding from level two to level three qualifications (Te Pou, 2015).

There has been a small change in the proportion of support workers with level four or higher health and disability qualifications. This may in part be due to survey answer options not including level five and six health and disability qualifications. Reasons for this result could be further explored to identify training needs at level four and above, and 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. This finding may indicate that current targeting of workforce development strategies needs to be reviewed. For example, by increasing large organisations' access to grants for formal qualifications for their workforce.

Key areas identified by respondents for future workforce development and training included:

- understanding Māori models of health
- developing cultural competency
- challenging stigma and developing active reflection skills.

Organisations identified additional training needs in relation to:

- providing behaviour support
- working with people who are on the autism spectrum
- working with people who have dual diagnosis⁷ 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.

Tertiary qualifications

There was a very low response to the question about the highest qualifications held by people in the workforce (including all qualifications, and not limited to health and disability qualifications). This suggests the need for better routine collection of this information to inform workforce planning.

The analysis of this question was limited to the two service groups with a high level of response: employment services

⁷ Comments about dual diagnosis needs were made in general terms, rather than specifically focused on particular diagnoses.

(including participation and inclusion) and support services. A greater proportion of support workers in employment services had tertiary qualifications compared to those in support services.

Comparison of Support Worker Tertiary Qualifications by Services Delivered

Support workers in employment services were more likely to have tertiary qualifications than those in support services



Note: 'Employment' includes employment and participation services.

This finding may indicate there are differences in the activities undertaken by support workers in each of these types of services. 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.

Differences in qualification levels across various service types may reflect the diversity of the workforce in NZDSN member organisations. However, the very low response to the question means the full extent of this diversity was not able to be fully explored. This underscores the importance of organisations collecting and keeping up-to-date information about employees' qualifications to better inform workforce planning.

Recommendations

Further research is needed to support increasing workforce skills in specialist areas and creating identifiable career pathways, including:

- identifying support workers' training needs for health and disability qualifications at level four and above
- exploring the reasons underpinning differences in support worker qualifications across services and organisation sizes
- identifying areas for future qualification development, based on an understanding of the knowledge and skills that support workers need and the competencies required
- documenting current disability support career pathways and potential future pathways.

Workforce development strategies are needed to:

- build on current work to increase uptake of level two and level three health and disability qualifications
- set targets for minimum qualification levels among support workers
- design and implement specialist health and disability qualifications to enhance workforce skills and capabilities at level four and above.

Employment conditions

Addressing long-standing issues with pay and employment conditions is a workforce priority (Ministry of Health, 2013) and the subject of sector advocacy (Public Service Association & NZDSN, 2012; NZDSN, 2015).

The following section provides key information about hours of employment and pay rates reported to the survey.

Employment contracts

Over two-thirds of support workers were employed on a part-time or casual basis (69 per cent), compared to 48 per cent in 2012 (NZDSN, 2012).

Comparison of 2015 Support Workers' Rates of Part-Time Work with 2012



Note: The 2015 survey defined full-time as 37.5 hours per week or more. The 2012 survey did not provide a definition.

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.

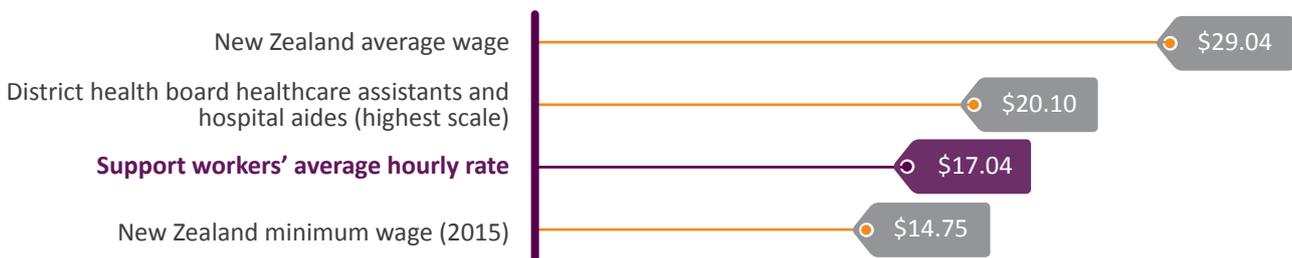
Understanding the advantages and disadvantages of part-time and casual employment for recruitment and retention will support future workforce development strategies.

Average hourly rates

Support workers earned on average \$17.04 per hour, which was 16 per cent higher than the minimum wage (\$14.75)⁸ and 41 per cent lower than the New Zealand average hourly rate (\$29.04). Similar roles in district health boards (healthcare assistants and hospital aides) were paid up to 18 per cent more than the average for disability support workers (from \$17.41 to \$20.10 per hour) (New Zealand Nurses Organisation, 2015).

Comparison of Support Workers' Average Hourly Rates with the Average Wage and Selected Other Rates

Support workers average hourly rate was 59% of the New Zealand average



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

Future workforce surveys will enable progress towards pay equity with other sectors to be measured, as well as identifying factors that support improvement and any unintended consequences of changes.

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 potentially reflects the differences in the nature of the work in employment compared to other services and different workforce requirements.

⁸ From 1 April 2016, the minimum wage increased to \$15.25 per hour.

Recommendations

Workforce development to improve employment conditions will be supported by further research to understand the following factors:

- the costs of high turnover, with a view to identifying strategies to transform these costs into an investment in workforce skills and qualifications
- employees' views and needs in relation to employment conditions to support retention strategies, for example, do guaranteed hours of work or working part-time make a difference to retention?

Conclusions

The 2015 NZDSN and Te Pou disability workforce survey results 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 of the workforce 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 that the long-standing challenges to workforce development remain for direct service delivery staff

in disability support services (Public Service Association and NZDSN, 2012; NZDSN, 2015). In particular:

- an aging workforce, one-third of whom will be aged 65 years or older in 10 years' time
- a predominantly female workforce
- low Māori and Pasifika representation in leadership and some professional roles
- low average hourly rates for support workers and lack of parity with similar roles in district health boards
- high staff turnover.

Access to reliable workforce information is crucial to produce effective workforce development strategies. In relation to this current survey, there were a number of survey items for which the response rate was low, for example workforce ethnicity, highest qualifications, and employees living with disability. This suggests many organisations have difficulties accessing some of their own 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.

The information provided in *The New Zealand disability support workforce: 2015 survey of NZDSN member organisations* (Te Pou & NZDSN, 2016) report will inform discussions about the need for increased sector investment to address challenges with pay and employment conditions, future workforce planning and development strategies.

NZDSN and Te Pou thank the survey participants for their contribution to this survey.

Appendix

Survey participants were asked to categorise their workforce into one of the following groups. The following table describes the various types of roles included in each group. The full survey can be accessed from the NZDSN website: www.nzdsn.org.nz.

Workforce group	Description
Support workers	Direct service roles across all settings (residential, community) with various job titles, such a 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, 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 or 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.

Respondents to the survey reported how many people were employed and how many FTE positions were employed and vacant for each workforce group. These are summarised in the following table.

People and FTE Positions Reported to the Survey by Workforce Groups

Workforce group	People employed	Total FTE positions (employed plus vacant)	Proportion of total FTE workforce (%)
Support workers	14,069	9,162.4	79.5
Team leaders	576	559.1	4.8
Managers	491	479.4	4.2
Registered and allied health practitioners	376	272.9	2.4
Specialist behaviour support staff	189	173.1	1.5
People in personal planning roles	191	173.7	1.5
Administration	455	357.9	3.1
Other	514	351.5	3.0
Unspecified*	1,044	583.9	-
Total	17,905	12,114.0	100.0

* 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.

References

- Lawson Williams Consulting Group Ltd. (2016). *The New Zealand staff turnover survey – summary report*. Auckland: Lawson Williams Consulting Group Ltd.
- Ministry of Health. (2013). *Disability Support Services: Workforce action plan, 2013–2016*. Wellington: Ministry of Health.
- Ministry of Health. (2015). *Demographic information on clients using the Ministry of Health’s disability support services as at September 2013*. Wellington: Ministry of Health.
- NZDSN (New Zealand Disability Support Network). (2012). *NZDSN disability support provider survey*. Unpublished presentation.
- NZDSN (New Zealand Disability Support Network). (2015). *Investing for innovation and quality: A sector briefing from the New Zealand Disability Support Network (NZDSN)*. Wellington: NZDSN.
- New Zealand Nurses Organisation. (2015). *July 2015 MECA Ratification Bulletin*. Retrieved from http://www.nzno.org.nz/dhb/meca_ratification_information#approval%20of%20overtime
- Office for Disability Issues. (2015). *Disability Action Plan 2014–2018: Update 2015*. Retrieved from <http://www.odi.govt.nz/what-we-do/ministerial-committee-on-disability-issues/disability-action-plan/index.html>
- Public Service Association, & NZDSN (New Zealand Disability Support Network). (2012). *Improved funding for disability support services and disability support workers: A report in support of the business case to the New Zealand government December 2012*. Retrieved from http://www.nzdsn.org.nz/uploads/news/DSS_funding_report-December_2012.pdf
- Statistics New Zealand. (2013). *Disability survey: 2013*. Retrieved from http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013.aspx
- Te Pou o te Whakaaro Nui. (2014a). *Getting it right: Workforce planning guide*. Auckland: Te Pou.
- Te Pou o te Whakaaro Nui. (2014b). *Let’s get real: Real skills for people working in disability*. Auckland: Te Pou.
- Te Pou o te Whakaaro Nui. (2015). *Supporting a stronger workforce: 2014 disability workforce development grant funding*. Auckland: Te Pou.
- Te Pou o te Whakaaro Nui & NZDSN (New Zealand Disability Support Network). (2016). *The New Zealand disability support workforce: 2015 survey of NZDSN member organisations*. Auckland: Te Pou o te Whakaaro Nui.
- Trading Economics. (n.d.). New Zealand average hourly rates. Retrieved from <https://www.tradingeconomics.com/new-zealand/wages>
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. Retrieved from <http://www.un.org/disabilities/convention/conventionfull.shtml>

