

# NGO workforce estimates

2022 survey of adult alcohol and drug and mental health services

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## Executive Summary

This report is the first in a series describing results from the 2022 workforce survey of non-government organisations (NGOs) with health contracts to deliver alcohol and drug and mental health (including forensic) services to people aged 18 and over (adults). It profiles the 111 NGOs that responded to the survey and estimates the full-time equivalent (FTE) workforce in all 214 invited to participate.

The survey aims to understand NGO workforce changes since 2018 relevant to health policy and strategy goals. These goals include growing the NGO workforce in size to deliver more services, increasing the number of Kaupapa Māori NGOs involved in the sector, growing the workforce in lived experience and Māori and Pasifika cultural roles, and monitoring workforce trends (Ministry of Health, 2017b, 2020a, 2020b, 2021a; Te Pou, 2020; Te Whatu Ora Health New Zealand & Te Aka Whai Ora, 2022). The survey findings will inform future NGO workforce planning and development activities.

## NGO profile

One hundred and eleven NGOs completed the survey (response rate 52 percent). Of these NGOs, one-third (37 NGOs) self-identify as Kaupapa Māori. The other 74 organisations are grouped as Non-Kaupapa Māori NGOs, including 25 Lived experience-led, four Pasifika-led, and 45 other NGOs. The NGOs surveyed employ nearly half the FTE workforce in all contracted Kaupapa Māori NGOs and four-fifths of the workforce in all contracted Non-Kaupapa Māori NGOs.

The profile of reporting NGOs shows strong diversity by organisation identity and workforce size that needs to be considered in workforce planning and development. Compared to others, Kaupapa Māori NGOs have a greater share of their workforce in specific Māori cultural, lived experience, and registered professional roles. In comparison, Non-Kaupapa Māori NGOs tend to report higher average vacancy rates, lower recruitment rates, and several have very large workforces. Across both organisation identity groups, NGOs with small workforces tend to have more variability in their vacancy, resignation, and recruitment rates than NGOs with larger workforces.

## Estimated FTE workforce

Based on figures for 31 March 2022, the estimated workforce in NGO adult alcohol and drug and mental health (including forensic) services totals 5,165 FTE positions (employed and vacant), with the following characteristics.

- Eighteen percent work in alcohol and drug services and 82 percent in mental health.
- The estimated vacancy rate is 11 percent, more than double that in 2018. Registered professionals have the highest vacancy rates (15 percent).

- The employed FTE workforce is 6 percent larger than it was in 2018 while the number of FTE positions (employed and vacant) has grown by 13 percent. At the same time the population has grown by 5 percent.
- In the year to 31 March 2022, NGOs reported recruitment rates of 21 percent, which exceeded resignation rates (14 percent).
- The workforce is comprised of support workers (60 percent), registered professionals (21 percent), and advisors, managers, and administrators (19 percent).
- Lived experience roles comprise 9 percent of the workforce and Māori cultural roles, around 6 percent.
- The FTE workforce in lived experience roles, Māori and Pasifika cultural support, and nursing roles grew by 15 percent over the year to 31 March 2022.

## Discussion

Overall, the survey shows growing numbers of Kaupapa Māori NGOs in the sector (up from 60 in 2018 to 77 in 2022) and recent growth in the lived experience and Māori and Pasifika cultural workforces.

High vacancy rates (11 percent) mean growth in the overall size of the NGO employed workforce since 2018 is limited to a little more than the population increase (5 percent). However, during the year to 31 March 2022, FTE positions were filled through recruitment at a higher rate than resignations so this may mean vacancy rates are starting to decline. The alcohol and drug workforce appears to be under stress with low growth and declining numbers of FTE addiction practitioners since 2018. Some caution is needed around this finding though as inaccurate service coding of funding information may mean the workforce in alcohol and drug services is underestimated.

Diminishing response rates to workforce surveys over time (despite extensive follow up), suggest the need to explore other approaches more acceptable to NGOs. New systems must be based on Māori data sovereignty principles and co-designed with NGOs to ensure their diversity is reflected.

## Limitations

The information provided does not include NGO workforces delivering primary healthcare or services contracted from outside the health sector. The survey and estimates are limited by the accuracy of the information provided and whether reporting NGOs are representative of non-reporting NGOs. These limitations affect results for Kaupapa Māori and small Non-Kaupapa Māori NGOs, which have lower response rates than large Non-Kaupapa Māori NGOs.



## Conclusion

This report shows increasing numbers of Kaupapa Māori NGOs involved in the mental health and addiction sector, and growth in the lived experience and Māori and Pasifika cultural workforces. It also highlights workforce trends identifying specific challenges. It appears NGOs' capacity to deliver more services is constrained by high vacancy rates, although some recovery may be underway.

Workforce development activities are needed to sustain high recruitment rates and address retention challenges to return vacancy rates to previous norms. More support is required to grow the alcohol and drug workforce. Improving workforce information collection methods will help to reduce inequities for Māori and small NGOs.

## Background

In Aotearoa New Zealand, health sector NGOs and Te Whatu Ora Health New Zealand<sup>1</sup> deliver adult alcohol and drug, forensic, and mental health services. NGOs play an important role in delivering these services to local communities, seeing around two in every five adults who access publicly funded specialist services.<sup>2</sup>

Many NGOs are involved in mental health and addiction service delivery. These include iwi and kaupapa Māori providers, charitable and other trusts, and limited liability companies. Their size varies, with many employing fewer than 10 people and some employing more than 500 (Ministry of Health, 2021b; Te Pou o te Whakaaro Nui, 2018).

Health policy and strategy documents recognise NGOs' important contribution to mental health and addiction service delivery. Current sector goals for NGO workforce planning and development include the following.

- Growing the NGO workforce size and its capabilities to deliver more of the services that people want and need (Ministry of Health, 2017b, 2020b, 2020a, 2021a; Te Whatu Ora Health New Zealand & Te Aka Whai Ora, 2022).
- Increasing the involvement of Kaupapa Māori NGOs in service delivery (Ministry of Health, 2020b).
- Growing the lived experience, and Māori and Pasifika cultural workforces (Government Inquiry into Mental Health and Addiction, 2018; Ministry of Health, 2020b; NGO Health and Disability Network, 2021; Te Pou, 2020).
- Collecting useful information about workforce trends to inform NGO development plans (Ministry of Health, 2017b).

The first step in any workforce planning and development is understanding the workforce and its trends over time. Currently, there is no central repository of NGO workforce information (Te Pou, 2022b). Instead, the health sector relies on workforce estimates derived from voluntary surveys to inform planning and development activities (Te Pou o te Whakaaro Nui, 2015, 2018; Whāraurau, 2021).

This report is based on information from the 2022 NGO workforce survey of adult alcohol and drug and mental health (including forensic) services. The report profiles the 111 NGOs reporting to the survey and their workforce characteristics. It then estimates the total FTE workforce in all 214 NGOs delivering these services on 31 March 2022, by services, regions, and role groups.

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<sup>1</sup> Formerly district health boards.

<sup>2</sup> These are services to which people's access is reported to the Programme for Integration of Mental Health Data (PRIMHD; Ministry of Health, 2021c).

This is the first in a series of reports on the NGO adult alcohol and drug and mental health workforce that will be available on the Te Pou website during 2023.

## Method

The method used to survey NGOs and estimate the workforce is informed by a literature review (Te Pou, 2022b) and adapted from previous surveys (Te Pou o te Whakaaro Nui, 2015, 2016, 2018).

The method adopts Māori data sovereignty principles (Te Mana Raraunga Māori Data Sovereignty Network, 2018) in the following ways.

- **Whanaungatanga** and **whakapapa** are the inclusion of Māori concepts and language in survey definitions, role groups, and methods, and including direct contact follow up where achievable.
- **Rangatiratanga** is expressed in Māori people's leadership and authority in determining and enacting the project goals and methods, and in peer review.
- **Kotahitanga** is use of methods that recognise that Kaupapa Māori NGOs have their own mana and expression in workforce that is equally valid to those of other NGOs.
- **Manaakitanga** is reflected in the project goals to ensure that the survey and estimation methods clearly identify and apply Kaupapa Māori NGOs' workforce characteristics within estimates.
- **Kaitiakitanga** reflects the project's goals to balance confidential information collection with making workforce information available for use by Māori.

The method has two parts.

1. A voluntary survey of NGOs about their workforce delivering adult alcohol and drug and mental health (including forensic) services, including:
  - a. FTE workforce employed and vacant on 31 March 2022, by service, region, and role group
  - b. FTE positions resigned and recruited over the year to 31 March 2022, by service and role groups
  - c. FTE workforce changes due to the COVID-19 pandemic and response over the same year.
2. Analysis of survey results against service delivery contracts described in mental health and addiction expenditure (Ministry of Health, 2021b) to estimate the workforce in reporting and non-reporting NGOs.

## Survey

### Scope

Te Pou collated the survey participant list of 214 NGOs with adult alcohol and drug, forensic, and mental health service delivery contracts based on 2020/21 mental health and addiction

expenditure (Ministry of Health, 2021b). NGOs with contracts solely limited to the following were excluded.<sup>3</sup>

- Services to children and young people aged under 18.<sup>4</sup>
- Beds provided in aged care facilities without accompanying mental health and addiction treatment or support.
- Integrated Primary Mental Health and Addiction and Access and Choice services.<sup>5</sup>
- Primary healthcare services.
- Preventing and Minimising Gambling Harm services.
- Workforce development, research, audit, and evaluation activities.

## Questionnaire

Te Pou updated the previous 2018 survey questionnaire (Te Pou o te Whakaaro Nui, 2018) to include the following features.

- Opportunity for NGOs to self-identify as Kaupapa Māori separate from other organisations (Ministry of Health, 2017a; NGO Health and Disability Network, 2021; Te Rau Matatini, 2015).
- Tables to record workforce FTEs employed and vacant, and past year FTEs recruited and resigned by service and role groups (Te Pou o te Whakaaro Nui, 2015, 2018).
- An expanded list of role groups focused on what people do in their roles rather than individual qualifications (Amorim Lopes et al., 2015; Segal & Bolton, 2009), and including a range of roles embedding lived experience (Te Pou, 2020), te reo me ōna tikanga (Ministry of Health, 2020b; NGO Health and Disability Network, 2021; Te Rau Matatini, 2015), and Pasifika languages and cultures (Ministry of Health, 2020a).
- A regional approach, recognising the health system restructure from district health boards to Te Whatu Ora Health New Zealand and Te Aka Whai Ora regions.
- Questions about the impact of COVID-19 pandemic and response on workforce availability.

Appendix A provides the full survey questionnaire.

## Survey administration

Te Pou sent advance notice about the survey to 214 NGO contract managers and the chief executives of the seven largest NGOs, providing an opportunity to change their contact details. Undeliverable email addresses were updated from sector intelligence and website searches. Survey links were sent by email to the updated address list.

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<sup>3</sup> These contracts are excluded because the workforce information is collected and reported elsewhere or the services are outside the scope of this project, which is limited to the health sector adult alcohol and drug, forensic, and mental health treatment and support service delivery workforce.

<sup>4</sup> This information is available from Whāraurau (2021).

<sup>5</sup> This information is available from Te Pou (2022a) and Te Hiringa Mahara (2021).



The survey was administered online using the CheckBox survey platform. It was open from 27 June to 7 August and again from 7 to 28 November 2022. During the first collection, Te Pou sent weekly survey reminders to the participant list and team members attempted telephone contact with 93 NGOs including large providers and all kaupapa Māori and Pasifika NGOs to encourage responses and provide support or advice if required.

The second collection included advance notice to 137 non-reporting NGOs that the survey would be sent to them again, delivery of the survey link by email, and weekly email reminders. This second collection was supported by network notices from Te Aka Whai Ora and Atamira Platform Trust.

## **Data screening**

Te Pou screened survey responses before analysis to ensure that all reporting NGOs held health contracts for the delivery of adult alcohol and drug and mental health services, and that each NGO had only completed one survey. Duplicate surveys were merged or deleted from the dataset. We removed one survey received from an organisation with no current contracts for adult alcohol and drug and mental health services.

The reported workforce was checked for consistency with mental health and addiction expenditure (Ministry of Health, 2021b), based on contract purchase unit codes for alcohol and drug, forensic, and mental health services. The following changes were made to the dataset.

- In consultation with providers, Te Pou updated 10 surveys to include missing information such as vacancies and remove out of scope workforce like disability support workers.
- For seven surveys, Te Pou shifted workforce recorded in the wrong column to align with service contracts.

In addition, nine NGOs reporting alcohol and drug workforce had these services funded under a mental health purchase unit code such as “mental health flexifund”. Te Pou adjusted the funding information to apply these amounts to estimating the alcohol and drug workforce. The full extent of coding alcohol and drug service contracts within mental health purchase units cannot be accurately assessed at this stage.

## **Analysis**

This report analyses surveys from 111 NGOs reporting workforce information. Surveys containing no workforce information are excluded.

Analyses are undertaken in total, and in two groups based on NGOs' stated organisation identity: Kaupapa Māori and Non-Kaupapa Māori NGOs (see the Definitions section below). The following analyses are included.

- The organisation response rate is based on the number of NGOs responding to the survey divided by the number of NGOs invited to participate.
- The funding response rate is calculated as the total NGO funding held by reporting NGOs divided by the funding for all NGOs invited to participate.
- Reported FTE workforce employed and vacant, which is the sum of reported FTE positions employed and reported FTE positions vacant.
- Estimated FTE workforce employed and vacant, which is the sum of estimated FTE positions employed and estimated FTE positions vacant.
- Organisation workforce size groups reflect four categories: NGOs with a workforce of less than 5 FTE positions; 5 to 19 FTEs; 20 to 49 FTEs; and 50 FTEs or more.
- Reported vacancy rates are calculated as the sum of reported FTEs vacant divided by the sum of reported FTEs employed and vacant. Vacancy rates are also calculated based on estimated FTEs employed and vacant.
- Recruitment rates, which are the sum of reported FTEs recruited divided by the sum of reported FTEs employed and vacant.
- Resignation rates are based on the sum of reported FTEs resigned divided by the sum of reported FTEs employed and vacant.

## Workforce estimates

Workforce estimates include all surveys with one or more completed FTE workforce field.

The method assumes that:

- there is a direct relationship between NGOs' workforce size and the value of their health contracts to deliver alcohol and drug, mental health, and forensic services
- health contract values primarily reflect workforce costs and the influence of other factors like facility costs and travel is minimal
- reporting NGOs have similar contract values per workforce FTE and similar role composition to those NGOs that do not complete the survey in the two organisation identity groups, Kaupapa Māori and Non-Kaupapa Māori for each type of service (alcohol and drug, and mental health including forensic).

The following method is used to estimate the NGO FTE workforce size, by calculating an estimate of the 'missing' FTE workforce in NGOs that did not report to the survey. The calculations for each letter below align with the formula set out in Table 1.

- a. Aggregate the funding for all NGOs reporting to the survey, by services and organisation identity (Kaupapa Māori and Non-Kaupapa Māori).
- b. Aggregate the FTEs employed and vacant reported to the survey for each group.

- c. Calculate a rate for funding per reported FTE workforce (employed and vacant) for each group.
- d. Aggregate the funding values for all NGOs that did not complete the survey, by service and organisation identity.
- e. Divide non-reporting NGOs funding by the funding per FTE rate for each service and organisation identity to estimate the missing FTE workforce in NGOs that did not complete the survey.
- f. Add the calculated missing FTE workforce to the reported workforce to estimate the overall FTE positions by services and organisation identity.

Table 1. Summary of calculations used to estimate the FTE workforce size by services and organisation identity

	Reporting NGOs			Non-reporting NGOs		Estimated workforce (FTEs)
	Funding (\$)	Reported workforce (FTEs)	Funding per FTE	Funding (\$)	Estimated missing FTEs	
<b>Calculation (formula)</b>	<b>=a</b>	<b>=b</b>	<b>c=a/b</b>	<b>=d</b>	<b>e=d/c</b>	<b>f=b+e</b>
<b>Service</b>						
Alcohol & drug	56,574,645	719.9	78,591	17,628,262	229.1	948.9
Mental health & forensic	216,414,350	2,797.6	77,358	107,917,294	1,418.6	4,216.2
<b>Total</b>	<b>272,988,995</b>	<b>3,517.4</b>		<b>125,545,556</b>	<b>1,647.7</b>	<b>5,165.1</b>
<b>Organisation identity</b>						
Kaupapa Māori NGOs	46,414,421	629.0	73,793	57,232,804	775.7	1,404.7
Non-Kaupapa Māori NGOs	226,574,574	2,888.4	78,442	68,312,752	872.0	3,760.4
<b>Total</b>	<b>272,988,995</b>	<b>3,517.4</b>		<b>125,545,556</b>	<b>1,647.7</b>	<b>5,165.1</b>

To complete the dataset, the estimated missing FTE workforce for each service and organisation identity was divided across the four regions by pro-rata according to the relative share of non-reporting NGOs' funding. Table 2 shows that Kaupapa Māori alcohol and drug and mental health services in Te Manawa Taki region received around half (53 and 49 percent) of estimated missing FTEs for Kaupapa Māori NGOs delivering those services.

Table 2. Summary of relative share of non-reporting NGOs funding by regions, organisation identity, and services with total missing FTEs allocated

	Northern (%)	Te Manawa Taki (%)	Central (%)	Te Waipounamu (%)	Total FTEs allocated
<b>Kaupapa Māori NGOs</b>					
Alcohol and drug	15.6	52.6	24.0	7.9	108.7
Mental health & forensic	37.0	48.9	13.9	0.2	667.0
<b>Non-Kaupapa Māori NGOs</b>					
Alcohol and drug	51.8	23.6	22.4	2.2	120.4
Mental health & forensic	30.7	29.8	11.5	27.9	751.6

The regional totals were then applied by pro-rata to employed and vacant FTEs across role groups and services by organisation identity groups according to the relative share of workforce reported to the survey by NGOs in each group.

## Comparisons to 2018 estimated workforce

2022 NGO workforce estimates are compared to 2018 estimates provided by Te Pou o te Whakaaro Nui (2018), totalling 4,556 FTE positions employed and vacant. The 2018 estimates include 4,158 FTE positions in adult alcohol and drug and mental health service delivery roles, plus another 398 FTE positions for organisation infrastructure and a small number of forensic workforce roles, both of which were reported separately in 2018 (Te Pou o te Whakaaro Nui, 2018, 2019).

The 2018 collection used a different role list and collected information to district health board locality rather than by region as in 2022. So, comparisons of the two survey's results are made for role groups aggregated into similar categories.

## Definitions

The following definitions are used in this report.

### FTE position

One FTE position equals a single 40-hour working week.

### Kaupapa Māori NGOs

NGOs are defined as Kaupapa Māori according to their self-identification with the following service definition provided in the survey. Kaupapa Māori organisations are specifically developed and delivered by providers who identify as Māori. These include but are not limited to:



- links with Māori whānau, hapū, iwi community organisations
- support from mana whenua and/or the local Māori community
- use of Māori derived beliefs, values, and practice
- being mostly staffed by people of Māori descent
- having aims that are consistent with Māori development
- facilitating access to, and support of, kaumātua (male and female)
- an emphasis on whakawhanaungatanga (Ministry of Health, 2017a; Te Rau Matatini, 2015).

## Non-Kaupapa Māori and/or other NGOs

For this report, NGOs that do not specifically self-identify as Kaupapa Māori are described as Non-Kaupapa Māori and/or other NGOs. This group includes 25 organisations self-identifying in the survey as Lived experience-led and four Pasifika-led NGOs as well as 45 other NGOs. Definitions for Lived experience-led and Pasifika-led NGOs are provided in the survey (see Appendix A).

## Role groups

Table 3 lists the role group definitions used in the survey and this report. These cluster various workforce roles based on what people are employed to do and specific role requirements like lived experience, cultural expertise, and professional registration.

Table 3. Role groups used in the survey with definitions and reporting categories

Role group	Definition
<b>Lived experience support roles</b>	
Peer support workers	People with lived experience of problematic substance use or mental health challenges and recovery, employed to use their lived experience to work alongside individuals or groups to nurture hope, personal power, and wellbeing
Whānau support workers	People with lived experience of supporting a whānau member experiencing problematic substance use or mental health challenges, employed to use their lived experience to support other whānau experiencing similar issues
Other lived experience workers	People with lived experience of problematic substance use or mental health challenges and recovery, employed to use their lived experience to support either people accessing services or people in other workforce roles. Role titles may include peer or consumer advocate, peer supervisor, peer trainer or educator
<b>Cultural support roles</b>	
Māori cultural workers	People employed to use their knowledge of te reo Māori me ōna tikanga and Māori health models and practices to support people and whānau on their tino rangatiratanga journey to health and wellbeing. They may hold a professional registration, but this is not required for the role. Role titles might include iwi support worker, pukenga atawhai, kaimahi tautoko, kaiāwhina, whānau ora kaimahi

Rongoā Māori practitioners	People trained in rongoā Māori practices, who are employed to deliver a holistic system of healing derived from Māori philosophy and customs. Role titles may include tohunga, kaimahi, kaiāwhina
Pasifika cultural workers	Pasifika people who can either access others or use their own knowledge of Pasifika protocols, language(s), knowledge, and customs and are employed to support people and whānau on their journey towards achieving mo'ui lelei/ora/ola, that is good health and wellbeing. They may hold a professional registration, but this is not required for the role
<b>Support workers</b>	
Support workers	People employed to support people experiencing problematic substance use or mental health challenges and their whānau to achieve their recovery goals. Support workers may work independently or as part of a team. They are generally expected to have or be working towards a Level 4 Certificate in Health and Wellbeing. They may hold higher qualifications and professional registration, but this is not required for the role. Role titles might include community support worker; residential support worker; kaiāwhina; mataora; kaiwhakapuaki waiora; employment worker; whānau support worker
<b>Registered professionals</b>	
Addiction practitioners	Registered social and health professionals providing addiction treatment. They may be registered or endorsed with <i>dapaanz</i> , but this is not required for the role
Māori cultural and health professionals	People who are dually competent as registered health professionals and in te reo Māori me ōna tikanga and Māori health models and practices, employed to provide cultural and clinical services to people and whānau
Nurses	Nurses registered with the Nursing Council of New Zealand including registered nurses, nurse practitioners, nurse specialists, nurse educators, and enrolled nurses
Other registered health professions	Registered health professionals who provide clinical mental health and addiction treatment and support to people and whānau eg social workers, occupational therapists, psychologists, psychiatrists, medical practitioners, counsellors, psychotherapists, and clinicians in assessment, coordination, and liaison roles
<b>Advisors, managers, administrators</b>	
Consumer advisors	People with lived experience of problematic substance use or mental health challenges and recovery, employed to provide operational and strategic advice and leadership to ensure the voices and experiences of people who access services influence organisation development and direction
Kaumātua (male and female)	Māori elders who hold the status, tradition, and integrity of their iwi and hapū, provide advice and guidance on tikanga and kawa, and facilitate the cultural development of younger generations
Māori cultural advisors	People employed to use their knowledge of te reo Māori me ōna tikanga to provide operational and strategic advice and leadership to ensure Māori people's perspectives, expectations, and requirements are upheld in organisation development and direction
Matua	Pasifika elders or traditional leaders (male or female) for example matai or matāpule, who hold traditional leadership roles in their communities and are custodians and recognised authorities on cultural protocols, language, knowledge and customs

Pasifika cultural advisors	People employed to use their knowledge of Pasifika protocols, language(s), and customs to provide operational and strategic advice and leadership so that Pasifika peoples' perspectives, expectations, and requirements are upheld in organisation development and direction
Service managers and team leaders	Dedicated team leaders and service managers who provide direct line management to the mental health and addiction service delivery workers. This group might include people with lived experience leading lived experience teams.
Administrators	Dedicated administration, business and technical roles that support the workforce delivering mental health and addiction treatment and support. Role titles might include administrator, receptionist, IT specialist, cook, cleaner, housekeeper, driver, security guard

## NGO profile and estimated workforce

The first subsection below profiles the features of NGOs' reporting to the survey including response rates and reported workforce characteristics by organisation identity. The next subsection summarises the estimated workforce size, vacancies, FTE turnover, and composition by role groups. Results for mental health and forensic services are combined into the mental health service category, due to the very small number of NGO forensic service providers (10 NGOs).

## NGO response and profile

### Response rates

Survey response rates are measured by organisation and by funding (see the Analyses section in the Method).

- Organisation response rates give an indication of the representativeness of survey results for all NGOs invited to the survey.
- Funding response rates indicate the relative share of the overall NGO workforce collected by the survey and the reliability of workforce estimates for different types of services and organisations.

One hundred and eleven NGOs completed some or all the requested workforce information, giving an organisation response rate of 52 percent. Table 4 shows that 37 Kaupapa Māori NGOs (48 percent response) and 74 Non-Kaupapa Māori NGOs (54 percent response) reported to the survey. The organisation response rate for NGOs delivering alcohol and drug services is higher than those delivering mental health services (61 percent compared to 50 percent). Response rates are highest for NGOs funded for more than \$1 million compared to those with less funding.



Table 4. Summary of organisation response rates by service, organisation identity, and levels of funding

	Invited NGOs	Responding NGOs	Response rate (%)	Share of reporting NGOs (%)
<b>All NGOs by services delivered</b>	<b>214</b>	<b>111</b>	<b>52</b>	<b>100</b>
Alcohol and drug	75	46	61	41
Mental health & forensic	192	97	50	87
<b>All NGOs by organisation identity</b>				
Kaupapa Māori NGOs	77	37	48	33
Non-Kaupapa Māori NGOs	137	74	54	67
<b>All NGOs by funding groups</b>				
Less than \$500,000	103	53	51	48
500,000 to \$1million	40	20	50	18
\$1million and more	71	38	54	34
Note: Non-Kaupapa Māori NGOs are those that do not specifically identify as Kaupapa Māori NGOs. The number of NGOs delivering alcohol and drug and mental health services add up to more than the total number of NGOs surveyed due to some organisations delivering both services.				

Table 5 shows the Non-Kaupapa Māori NGOs' funding response rate (77 percent) is much greater than Kaupapa Māori NGOs, 45 percent. So, the survey has captured information about more of the overall Non-Kaupapa Māori NGO workforce than Kaupapa Māori.

Table 5. Summary of funding for all NGOs and those reporting to the survey with response rates by services delivered, organisation identity, and levels of funding

	Total NGO funding (\$)	Responding NGOs' funding (\$)	Funding response rate (%)	Share of responding NGO funding (%)
<b>All NGOs by services delivered</b>	<b>398,534,551</b>	<b>272,988,995</b>	<b>68</b>	<b>100</b>
Alcohol and drug	74,202,907	56,574,645	76	21
Mental health & forensic	324,331,644	216,414,350	67	79
<b>All NGOs by organisation identity</b>				
Kaupapa Māori	103,647,224	46,414,421	45	17
Non-Kaupapa Māori	294,887,326	226,574,574	77	83
<b>All NGOs by funding groups</b>				
Less than \$500,000	21,656,405	12,583,627	58	5
500,000 to \$1million	31,854,948	18,341,237	58	7
\$1million and more	345,023,198	242,064,131	70	89
Note: Non-Kaupapa Māori NGOs are those that do not specifically identify as Kaupapa Māori NGOs.				

Appendix B presents tables showing more detailed analysis of the different organisation and funding response rates by services delivered, organisation identity, and funding levels.

Overall, the workforce information collected is more representative of large Non-Kaupapa Māori NGOs than it is for small organisations in this group and for Kaupapa Māori NGOs. The information likely reflects the employers of nearly:

- half of Kaupapa Māori NGO FTE positions
- four out of five FTE positions in Non-Kaupapa Māori NGOs
- half of the FTE positions in NGOs funded for less than \$1 million
- three-quarters of FTE positions in NGOs funded for more than \$1 million.

## NGO workforce profile

The following summarises the 111 NGOs' reported workforce characteristics by organisation identity, including workforce size, impact of COVID-19, composition by role groups, and vacancy and FTE turnover rates. This information supports understanding the diversity of organisations and workforce reported to the survey. It is not complete for the entire NGO workforce in the specified services, so refer to the workforce estimates section for an overview of the estimated total workforce.

The NGOs reporting workforce information to the survey describe 3,517 FTE positions in total. Table 6 shows that Kaupapa Māori NGOs report 18 percent of this workforce. Nearly two in five (39 percent) NGOs report their workforce totals less than 5 FTEs employed and vacant.

Table 6. Reporting NGOs and reported FTE workforce (employed and vacant) by size groups

Workforce size	No. NGOs	Share of NGOs (%)	Reported FTE workforce	Share of reported workforce (%)
<b>All NGOs</b>	<b>111</b>	<b>100.0</b>	<b>3,517.4</b>	<b>100.0</b>
Less than 5 FTEs	43	38.7	117.2	3.3
5 to 19 FTEs	34	30.6	352.1	10.0
20 to 49 FTEs	20	18.0	643.8	18.3
50 FTEs and more	14	12.6	2,404.4	68.4
<b>Organisation identity</b>				
Kaupapa Māori	37	33.3	629.1	17.9
Non-Kaupapa Māori	74	66.6	2,888.4	82.1
Note: The information is a partial snapshot of the workforce. Refer to the workforce estimates section for an overview of the estimated total workforce.				

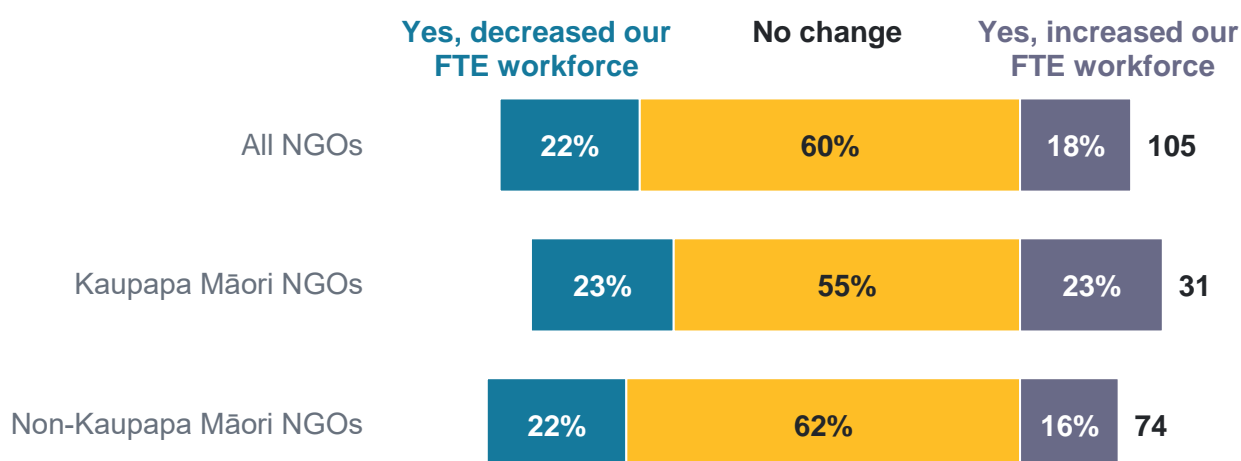
Table 14 in Appendix B provides more detailed analysis of the reported workforce by workforce size and organisation identity.

### Impact of COVID-19 pandemic (past year)

The COVID-19 pandemic has impacted health service provision and the labour market since 2020.

One hundred and five NGOs describe how the COVID-19 pandemic impacted the size of their employed workforce during the year to 31 March 2022. Figure 1 shows that three out of five NGOs report no change to their workforce size. Around 22 percent of NGOs decreased their workforce. Nearly one-quarter (23 percent) of Kaupapa Māori NGOs report increased workforce size compared to 16 percent of Non-Kaupapa Māori NGOs. This is likely due to the strong involvement of Kaupapa Māori NGOs in pandemic response activities.

Figure 1. Share of 105 NGOs reporting impact of COVID-19 pandemic on employed workforce size



Note: The bold black numbers at the end of each bar show the number of NGOs included in the analysis.

These 105 NGOs also report the FTE impact of COVID-19 on their workforce. Table 7 shows that overall, reporting NGOs' FTE workforce decreased by 21 FTE positions. The overall change in reported workforce equates to less than 1 percent for both organisation identity groups.

Table 7. Summary of NGOs' reported change in FTE workforce due to COVID-19 pandemic and response

	Decrease (FTEs)	Increase (FTEs)	Overall change (FTEs)	Share of reported workforce (%)
<b>All NGOs</b>	<b>76.3</b>	<b>55.1</b>	<b>-21.1</b>	<b>0.6</b>
Kaupapa Māori NGOs	27.5	22.0	-5.5	0.9
Non-Kaupapa Māori NGOs	48.8	33.1	-15.6	0.5
Note: This information may not be representative of the overall impact of the COVID-19 pandemic and response on the NGO workforce as a whole and should be used with caution.				

### Reported workforce composition

Table 8 shows differences in the reported workforce composition in role groups by services delivered and organisation identity. Unsurprisingly, Kaupapa Māori NGOs have a larger share of their workforce in specific Māori cultural roles compared to others (10 to 17 percent compared to less than 3 percent). Kaupapa Māori NGOs also report having more of their adult alcohol and drug workforce in lived experience roles and a greater share of their workforce are registered professionals across both alcohol and drug and mental health services. The latter may reflect that many Kaupapa Māori NGOs are local hauora providers, employing various clinically focused roles delivering a range of health, social, and cultural services.



Table 8. Comparison of the relative share of the reported NGO workforce by services and organisation identity, and roles groups

Role groups	Alcohol & drug workforce		Mental health workforce	
	Kaupapa Māori (%)	Non-Kaupapa Māori (%)	Kaupapa Māori (%)	Non-Kaupapa Māori (%)
<b>Share of workforce in Māori roles (%)</b>	<b>9.7</b>	<b>2.8</b>	<b>17.0</b>	<b>1.2</b>
Māori advisors & Kaumātua	2.7	1.5	3.3	0.5
Māori cultural support roles	4.5	0.9	3.5	0.6
Māori cultural & health professionals	2.5	0.4	10.2	0.1
<b>Share of workforce in other roles (%)</b>	<b>90.3</b>	<b>97.2</b>	<b>83.0</b>	<b>98.8</b>
Lived experience roles	13.5	11.1	6.6	8.7
Other support workers	8.9	22.4	43.7	61.9
Other registered professionals	51.1	37.5	14.9	12.4
Other advisors, managers, admin	16.7	26.2	17.9	15.8
<b>Total reported workforce (%)</b>	<b>100.0</b>	<b>100.00</b>	<b>100.0</b>	<b>100.0</b>
Note: Lived experience roles include peer and whānau support workers and other lived experience service delivery roles. Other support workers include support workers and Pasifika cultural support roles. Other registered professionals include addiction practitioners, nurses, and other registered health practitioners.				

### NGO vacancy, resignation, and recruitment rates

Reported vacancy, resignation, and recruitment rates vary by organisation identity and size.

Table 15 in Appendix B shows that NGOs' reported vacancy rates range from zero to 86 percent. NGOs with small workforces of less than 20 FTEs report the highest vacancy rate. However, at least half of these small NGOs report no vacancies at all, as shown by their median value of zero. On average, Kaupapa Māori NGOs report lower vacancy rates than other NGOs, except for those employing 50 FTE positions or more.

Table 16 in Appendix B shows that NGOs report resignation rates ranging from zero to 194 percent. More than half of all NGOs employing less than 5 FTEs report no resignations, as shown by their median of zero. Kaupapa Māori NGOs report similar resignation rates to other NGOs (18 compared to 17 percent).

Table 17 in Appendix B shows that reported recruitment rates range from zero to 194 percent. Kaupapa Māori NGOs have higher average recruitment rates for most workforce size groups compared to other NGOs (33 percent compared to 29 percent). Recruitment rates exceed resignation rates for NGOs in both identity groups and for most size groups.

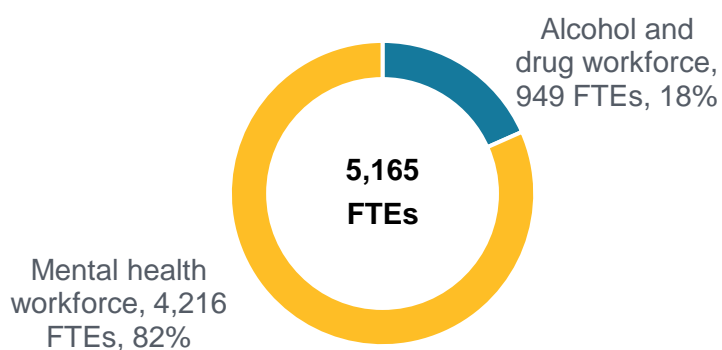
## NGO workforce estimates

The following subsection summarises the combined workforce estimates for Kaupapa Māori and other NGOs, on 31 March 2022. It presents estimates for FTE workforce size, vacancy rates, and FTE turnover by services, regions, and role groups. These estimates are for all the 214 NGOs contracted to deliver adult alcohol and drug and mental health (including forensic services), based on survey responses and mental health and addiction expenditure information; see the Workforce estimates section in the Method.

### Estimated FTE workforce size

The total NGO adult alcohol and drug and mental health (including forensic) workforce is estimated to be 5,165 FTE positions (employed and vacant). Figure 2 shows that the mental health workforce comprises 82 percent of the overall workforce, and the alcohol and drug workforce is 18 percent.

Figure 2. Estimated NGO adult alcohol and drug and mental health workforce FTEs (employed and vacant)



Overall, the FTE workforce (employed and vacant) is 13 percent greater than the estimated 2018 workforce (4,556 FTEs).

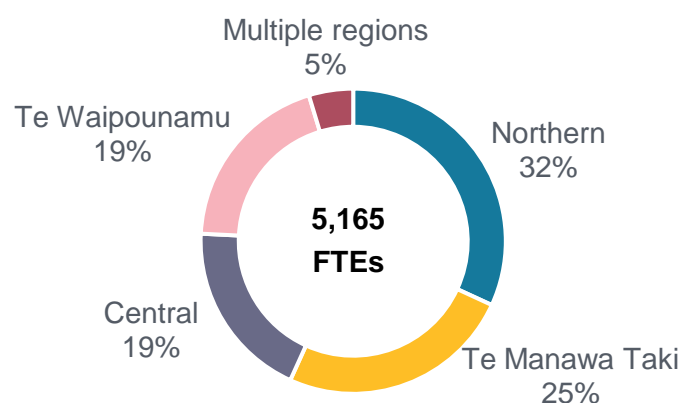
Table 9 summarises the change in FTE workforce between 2018 and 2022 for each service. It shows that the estimated workforce in alcohol and drug services grew the least (8 percent) and mental health the most (15 percent). More information is available in Appendix F (Table 36).

Table 9. Comparison of 2018 and 2022 estimated FTE workforce employed and vacant by services with FTE and proportionate growth

Service	2018 workforce	2022 workforce	FTE growth	Growth (%)
Alcohol & drug	877.5	948.9	71.4	8.1
Mental health	3,678.4	4,216.2	537.8	14.6
<b>Total FTE workforce</b>	<b>4,556.0</b>	<b>5,165.1</b>	<b>609.2</b>	<b>13.4</b>

Figure 3 shows the estimated NGO workforce distribution across the regions. The Northern region has the largest workforce share (32 percent), reflecting its large share of the population. Te Manawa Taki has the next largest share at 25 percent, consistent with the strong focus on NGO service delivery in this region (Te Pou o te Whakaaro Nui, 2018).<sup>6</sup> Five percent of the workforce work across multiple regions, for example some alcohol and drug residential services and people working in national roles for large organisations.

Figure 3. Estimated NGO workforce by region



The regional distribution is somewhat different to that reported in 2018 (Te Pou o te Whakaaro Nui, 2018). The Northern and Te Waipounamu regions have a slightly lower share of the workforce (down from 34 and 20 percent respectively in 2018). Te Manawa Taki and Central region have increased their share of the workforce (up from 22 and 17 percent respectively in 2018).

Appendices C, D, and E provide more information about national and regional FTE workforce employed and vacant, by services and role groups.

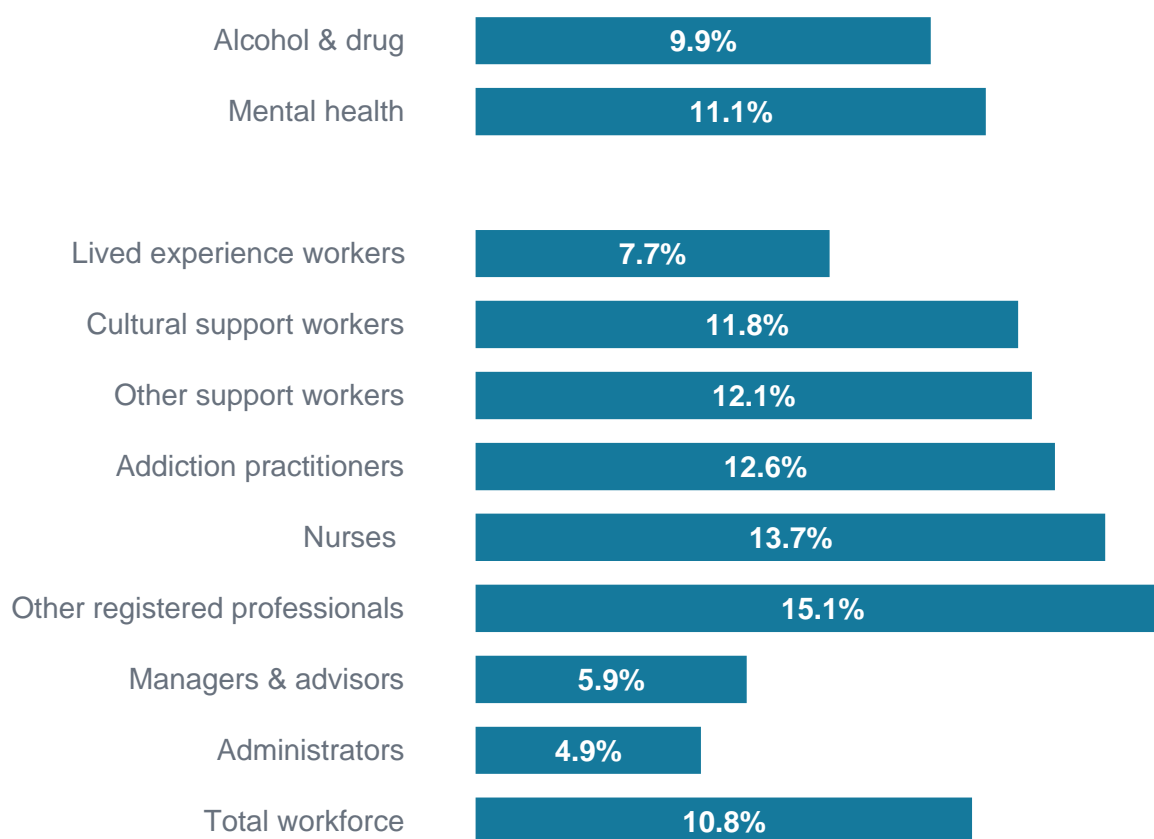
<sup>6</sup> The Aotearoa New Zealand population is distributed across the regions in the following way: Northern 38 percent; Te Manawa Taki 19 percent; Central 19 percent; and Te Waipounamu 24 percent; see Statistics New Zealand (2021).

## Vacancy rates

The estimated number of FTE positions vacant in 2022 total 560, giving an estimated workforce vacancy rate of 11 percent.

Figure 4 shows vacancy rates across the different services and role groups. Mental health services have similar vacancy rates to alcohol and drug services (11 and 10 percent respectively). Vacancy rates are high for most service delivery roles including cultural and other support workers, addiction practitioners, nurses, and registered professionals (12 to 15 percent).

Figure 4. Estimated vacancy rates by services and role groups



Note: Cultural support workers include Māori and Pasifika cultural support workers and Rongoā Māori practitioners; other registered professionals include any registered professional who is not reported in the nurse or addiction practitioner category.

The 2022 estimated vacancy rates are over twice those of 2018 (4 to 5 percent; Te Pou o te Whakaaro Nui, 2018). Figure 5 shows that between 2018 and 2022, these high rates limited the overall growth of the employed service delivery workforce to 6 percent. This is similar to the population growth rate over the same period (5 percent; Statistics New Zealand, 2021).

Figure 5. Comparison of 2018 and 2022 FTEs employed and FTEs vacant showing proportionate growth in FTEs employed

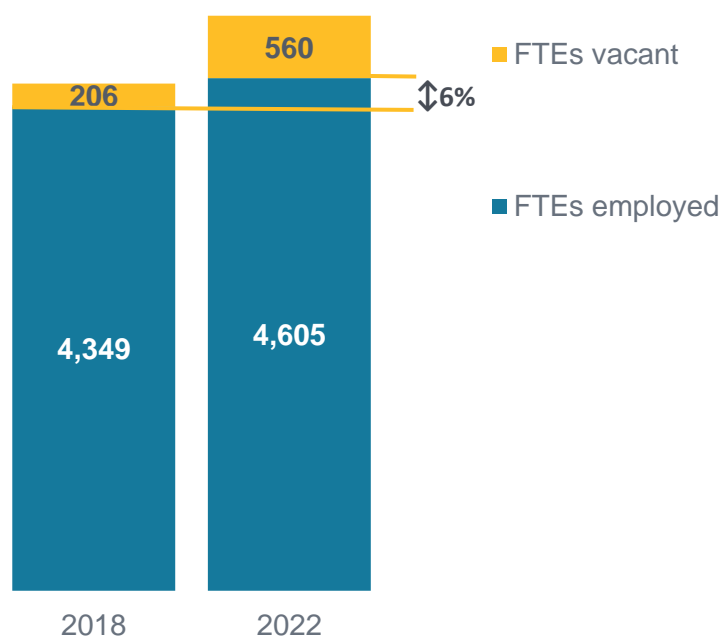


Table 37 in Appendix F shows that since 2018, the employed workforce in alcohol and drug services has grown by 4 percent and mental health by 6 percent.

Table 10 shows that estimated vacancy rates vary by region and role groups. The workforce in the Central region has the highest vacancy rate overall at 13 percent, and Te Waipounamu the lowest, 8 percent.

Table 10. Estimated FTE workforce vacancy rates by role groups and region

Role group	Northern (%)	Te Manawa Taki (%)	Central (%)	Te Waipounamu (%)	Multiple regions (%)
Lived experience workers	7.4	7.0	7.0	6.6	20.3
Cultural support workers	13.4	10.8	9.9	5.5	30.0
Other support workers	11.8	12.7	15.2	9.5	8.4
Addiction practitioners	8.5	14.5	13.9	9.1	17.1
Nurses	18.3	20.6	14.1	7.2	-
Other registered professionals	12.5	13.8	18.2	17.6	11.0
Managers & advisors	6.6	4.6	7.8	3.5	8.3
Administrators	4.8	2.3	6.9	2.5	8.9
<b>Overall vacancy rate</b>	<b>10.5</b>	<b>11.2</b>	<b>13.3</b>	<b>8.4</b>	<b>11.6</b>

Note: The workforce in the multiple regions column reflects roles delivering services to people from more than one region, for example some alcohol and drug residential services.



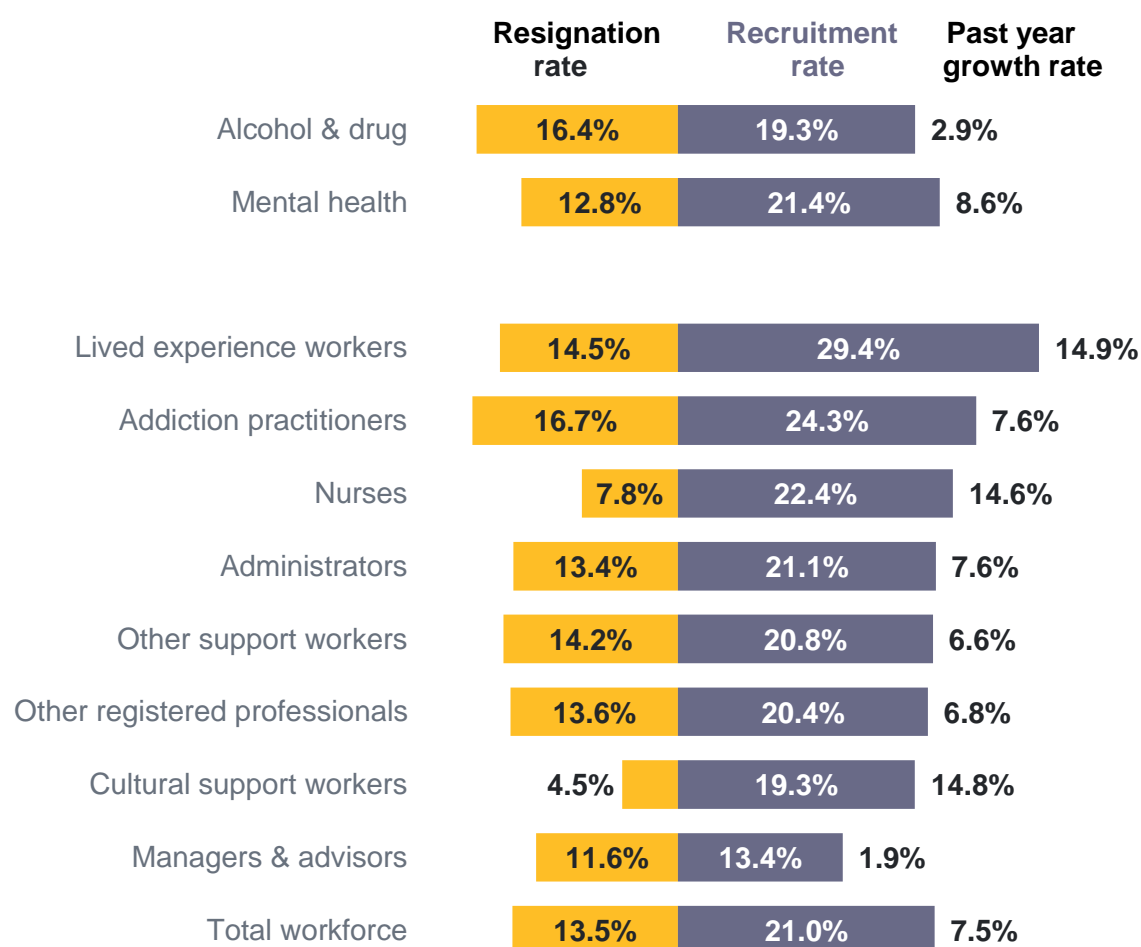
Appendices C, D, and E provide more information about vacancy rates and FTEs vacant for services, roles, and regions.

## FTE turnover

For the year ended 31 March 2022, reporting NGOs had an overall increase in their employed and vacant workforce of nearly 8 percent. The recruitment rate for the year is 21 percent and the resignation rate is 14 percent. The Analyses section of the Method describes how these rates are calculated.

Figure 6 compares resignation and recruitment rates for services and role groups and provides the past year FTE growth rate. Recruitment rates are slightly lower for the alcohol and drug workforce (19 percent) compared to mental health (21 percent). Among the role groups, lived experience workers and addiction practitioners had the highest recruitment rates (29 and 24 percent).

Figure 6. Summary of resignation and recruitment rates for the year ended 31 March 2022, by services and workforce groups with total FTE growth



Note: The bold black percentages at the end of each bar describe the proportionate workforce growth in the past year.

Overall, 2022 resignation rates are substantially lower than those reported in 2018 (14 percent compared to 23 percent in 2018). This may reflect the impact of COVID-19 lockdowns, as alcohol and drug and mental health services were able to maintain employment continuity unlike competing sectors such as hospitality and construction. Wage increases due to the 2018 support worker pay equity settlement also likely contributed to improving retention (Ministry of Health, 2018).

## Workforce composition

Figure 7 shows workforce composition by aggregated role groups.

- Support workers, includes lived experience, Māori and Pasifika cultural, and other support workers.
- Registered health professionals, includes addiction practitioners, Māori cultural and health professionals, nurses, and other registered professionals.
- Advisors, managers, and administrators, includes consumer and cultural advisors, kaumātua, matua, service managers and team leaders, and administrators.

Support workers make up three-fifths of the overall workforce (60 percent); followed by registered professionals (21 percent); and advisors, managers, and administrators (19 percent). The alcohol and drug workforce has a stronger emphasis on registered professionals (42 percent) compared to mental health (16 percent).

Figure 7. Estimated workforce composition in aggregated role groups by service and in total

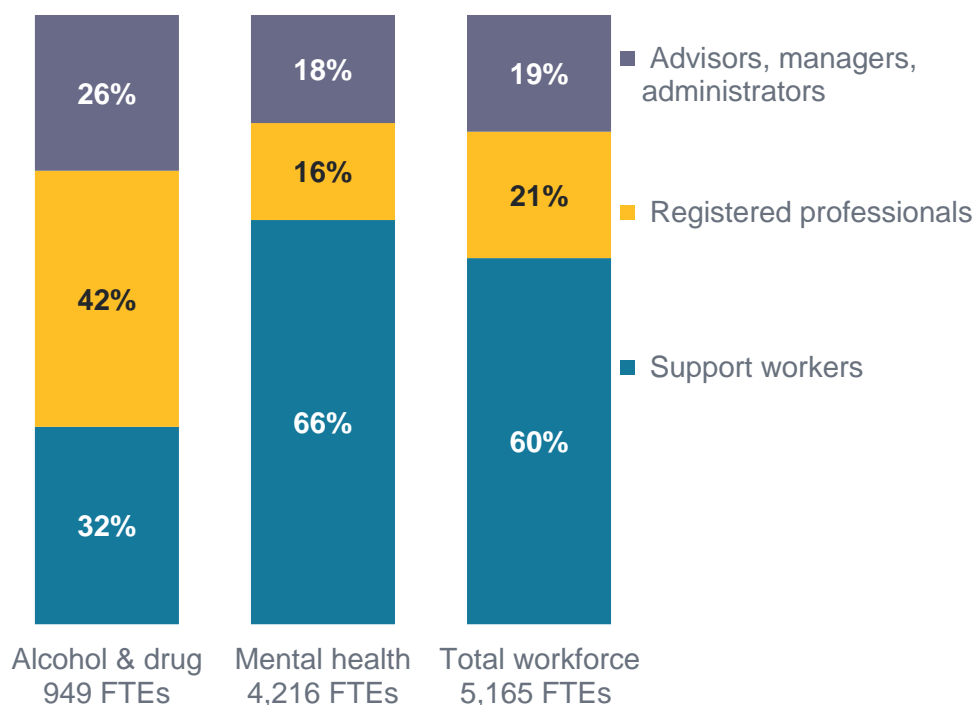


Table 11 shows that growth in the 2022 estimated FTE workforce since 2018 differs by role groups. The FTE workforce in lived experience and nursing roles grew the most (20 and 63

percent respectively). In contrast, there has been comparatively little growth in registered health professionals (8 percent) and a decrease in addiction practitioner roles (8 percent).

Table 11. FTE and proportionate change in estimated NGO workforce (employed and vacant) between 2018 and 2022, by role groups

Role groups	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	376.7	452.1	75.4	20.0
Support workers	2,304.6	2,652.8	348.2	15.1
Addiction practitioners	347.4	320.3	-27.1	-7.8
Nurses	173.9	283.5	109.6	63.0
All other registered professionals	434.4	467.3	32.9	7.6
Managers & advisors	572.8	641.8	69.0	12.0
Administrators	346.2	347.3	1.1	0.3
<b>Total FTE workforce</b>	<b>4,556.0</b>	<b>5,165.1</b>	<b>609.2</b>	<b>13.4</b>

Note: The 2022 and 2018 surveys have slightly different role groupings, so role groups are aggregated for reporting purposes. Māori and Pasifika cultural support workers are included in the support workers group, and consumer and cultural advisors with managers as these roles are not individually comparable.

## Discussion

This report profiles 111 NGOs that responded to the 2022 NGO workforce survey. It uses the data collected to estimate the overall workforce in 214 NGOs contracted to deliver adult alcohol and drug and mental health (including forensic) services, on 31 March 2022. This information helps to understand workforce changes and will inform future NGO workforce planning and development activities.

This section highlights key findings relevant to specific health workforce policy and strategy goals. It discusses goals to grow the NGO workforce in size to deliver more services; increase the number of Kaupapa Māori NGOs delivering services and the workforce in lived experience and Māori and Pasifika cultural roles; and workforce changes since 2018 and over the year to 31 March 2022. It also suggests ways to address inequities for Māori and small NGOs in the current workforce information collection method.

### Health policy and strategy goals

A key health policy and strategy goal is to increase the number of NGO community services and grow the NGO workforce in size to deliver more services (Government Inquiry into Mental Health and Addiction, 2018; Ministry of Health, 2017b, 2021a). Since 2018, the number of NGOs contracted to deliver adult alcohol and drug and mental health has reduced from 232 (Te Pou o te Whakaaro Nui, 2018) to 214 in 2022. Some changes may be due to NGO mergers. More information is needed to understand why these changes have occurred and whether these have impacted service availability.

The number of contracted Kaupapa Māori NGOs has increased by 28 percent, up from 60 in 2018 (Te Pou o te Whakaaro Nui, 2018) to 77 in 2022. The survey and analysis show that the profile of Kaupapa Māori NGOs differs from Non-Kaupapa Māori NGOs, as does the profile of NGOs with small workforces compared to larger ones. It is important that future workforce planning and development takes account of these differences and ensures that the range of NGO profiles is fully included. This should include resourcing NGOs to enable their full participation (Te Pou, 2023).

Overall, the estimated NGO workforce including employed and vacant FTE positions grew by 13 percent between 2018 and 2022. Nonetheless, vacancy rates have increased to twice the level of previous surveys (11 percent compared to 5 percent; Te Pou o te Whakaaro Nui, 2015, 2018). This means that the employed workforce has only grown at a similar rate to the population over this period (6 percent compared to 5 percent; Statistics New Zealand, 2021).

Some recovery in vacancy rates may already be underway, as during the year to 31 March 2022 recruitment rates have exceeded resignations to grow the employed and vacant workforce by 8 percent. This may be due to a combination of pay increases following the 2018 support worker pay equity settlement (Ministry of Health, 2018) and being essential

services during the COVID-19 pandemic. NGOs were able to maintain employment stability for their workers while previously competing industries like hospitality and construction struggled (Te Pou o te Whakaaro Nui, 2018). However, whether this increase can be sustained remains to be seen. In their survey responses, NGOs have identified various risks to future workforce stability, including pay inequities with Te Whatu Ora and providers in other government sectors. Our report on these challenges (Te Pou, 2023) is also available from the Te Pou website.

Further workforce development is needed to return vacancy rates to previous norms (around 5 percent). This includes ensuring that recruitment rates exceed resignations as well as increasing retention (Te Pou, 2023; Te Pou o te Whakaaro Nui, 2015, 2018). This should include specific focus on the employed alcohol and drug workforce, which has grown slightly less than the population since 2018 (4 percent) and by only 3 percent in the past year. It is notable that the FTE addiction practitioner workforce has decreased by 8 percent since 2018. There may be a need to strengthen relevant education and recruitment pipelines.

The 2022 workforce composition is broadly similar to the workforce in 2018. The relative share of support workers and registered professionals is 60 and 21 percent respectively. It is notable that there has been little growth in the FTE number of administrators compared to other roles since 2018. However, information collected in 2022 may not be directly comparable to earlier surveys given the move to regional data collection.

The survey shows some increase in the size of the lived experience workforce (Ministry of Health, 2017b; Te Pou, 2020). Over the past year, the number of FTE peer, whanau, and other lived experience support roles grew by 15 percent. However, this workforce remains small, at around 9 percent of the total estimated NGO workforce. This appears little different from 2018.

The survey collects specific information about roles embedding te reo me ōna tikanga and Pasifika languages and cultures. These roles were previously concealed within generic categories for support workers and registered professionals (Te Pou o te Whakaaro Nui, 2015, 2018). When combined, Māori cultural support, health professional, and advisory roles make up 6 percent of the NGO workforce. Pasifika cultural support and advisory roles comprise around 2 percent of the workforce. Cultural support roles had relatively strong growth (15 percent) over the year to 31 March 2022. This information provides a starting point for understanding the future growth of this workforce.

## Workforce information collection approach

Currently, NGO workforce information is estimated from ad hoc, infrequent surveys. Response rates to Te Pou surveys are diminishing over time despite intensive follow up, suggesting NGOs' tolerance for this collection method is waning. This survey's response

rate was increased by a second collection supported by Te Aka Whai Ora and Atamira Platform Trust.

This report's examination of the organisation and funding response rates show that the workforce reported to the survey is more representative of large Non-Kaupapa Māori NGOs, and comparatively underrepresents small NGOs in this group and Kaupapa Māori NGOs. This is a known limitation of this approach to information collection (Te Pou o te Whakaaro Nui, 2015, 2018).

Te Pou has attempted to improve representativeness for Māori by applying Māori data sovereignty principles (Kukutai & Cormack, 2019; Te Mana Raraunga Māori Data Sovereignty Network, 2018) to the survey and estimation methods (see the Method section). However, more substantial changes are required at the systems-level to effectively address these inequities.

Future information collections will be more equitable for Māori when these meet expectations around Māori data sovereignty, including the following.

- Enabling tino rangatiratanga through strong involvement of Māori agencies in collection activities with authority over design, development, implementation, and future use.
- Expressing manaakitanga by supporting and resourcing all NGOs to participate in workforce information collection activities.
- Building long term relationships between NGOs and workforce information collectors to embed whanaungatanga and whakapapa into future collections.
- Upholding kaitiakitanga by including clear articulation of the specific benefits to Māori and other NGOs; providing mechanisms to hold information users accountable to NGOs; and making information more readily available to support Māori initiatives (Te Mana Raraunga Māori Data Sovereignty Network, 2018).

This supports the recent New Zealand Health and Disability System Review (2020) finding that workforce information collections need appropriate systems and funding to enable dedicated staff time to build participation. Done well and through a Māori data sovereignty lens, these changes would support greater involvement in collection activities by Kaupapa Māori and small Non-Kaupapa Māori NGOs.

Good practice evidence also requires that any new workforce information collection system be co-designed with NGOs to reflect their diversity in workforce size and characteristics, and to meet their workforce development priorities (Beck et al., 2018; Careerforce, 2019; New Zealand Health & Disability System Review, 2020; Te Kāhui Raraunga, 2021; World Health Organization, 2010). Such changes can be staged, using the survey and funding-based estimation method to fill in the missing workforce while systems and processes are in development.



## Limitations

This report estimates the NGO workforce delivering on health contracts for adult alcohol and drug and mental health (including forensic) services. This is a subset of the overall NGO workforce delivering such services. These NGOs and others may also employ workers to deliver similar services to children and adolescents and services contracted by other government agencies like the Ministries of Social Development and Justice, Ara Poutama Aotearoa Department of Corrections, and Oranga Tamariki.

The workforce estimates are based on survey responses from 111 out of 214 NGOs. Results and workforce estimates are limited to the accuracy of the information provided in surveys and may not be representative of all health contracted organisations. Due to the larger workforce employed by responding Non-Kaupapa Māori organisations and their higher response rates, estimates are likely more reliable for these NGOs than for smaller NGOs in the same group and for Kaupapa Māori NGOs.

Mental health and addiction expenditure is used to estimate the workforce in NGOs that do not complete the survey. This method relies on accurate purchase unit coding of contract information as either alcohol and drug or forensic and mental health services. We found some contracts describing alcohol and drug services were coded with a mental health purchase unit. We adjusted the funding information to correct this but were unable to determine its extent across all NGO contracts. This may indicate that the method underreports the adult alcohol and drug workforce.

Changes to the survey questionnaire and estimation method may reduce comparability between 2022 and 2018 workforce estimates. So, comparisons should be used with caution.

## Conclusions

This report profiles NGOs reporting to the 2022 NGO workforce survey and provides an overview of the estimated NGO FTE workforce in adult alcohol and drug and mental health (including forensic) services nationally and regionally, and by role groups. The information is useful for planning future workforce development and monitoring workforce changes over time towards meeting health policy and strategy goals.

The report shows that since 2018 the number of Kaupapa Māori NGOs involved in service delivery has increased, and the workforce in lived experience and Māori and Pasifika cultural roles has grown. It also shows that high vacancy rates are constraining efforts to grow the NGO workforce size overall, especially for the adult alcohol and drug workforce. Since 2018 the total number of FTE positions (both vacant and employed) has increased by 13 percent, but the number of FTE positions actually employed has only increased by 6 percent. This barely exceeds population growth (5 percent).

In the past year, recruitment rates substantially exceeded resignations suggesting some reduction in vacancy rates is underway. The question is whether this can be sustained. Surveyed NGOs identify various risks and challenges to workforce recruitment and retention. These results are reported separately and are available on the Te Pou website.

Ongoing workforce development activities are needed to sustain recruitment and address retention challenges to reduce vacancy rates to previous norms. Particular attention may need to be given to supporting and growing the alcohol and drug workforce. Another priority for future development should be improving workforce information collections to be more equitable for Māori and small NGOs.

## Appendices

The following information is provided in appendices.

- Appendix A: 2022 NGO workforce survey
- Appendix B: NGO workforce profile tables
- Appendix C: Estimated NGO adult alcohol and drug and mental health workforce
- Appendix D: Estimated NGO adult alcohol and drug workforce
- Appendix E: Estimated NGO adult mental health (including forensic) workforce
- Appendix F: NGO adult workforce changes since 2018

## Appendix A: 2022 NGO workforce survey

This appendix provides the entire 2022 NGO workforce survey. The content of this report covers survey responses to questions from Q3 to Q7. Responses to the remaining questions are summarised separately in Te Pou (2023), available on our website in 2023.

### Welcome to the 2022 NGO workforce survey

Please complete this survey about your adult alcohol and drug and mental health (including forensic) workforce delivering on district health board (DHB) and Ministry of Health contracts at 31 March 2022.

The survey is open from 27 June to 7 August 2022.

### What you need to know

The survey is voluntary. Your organisation need only complete ONE survey questionnaire. However, you can send more than one if it is convenient to split your organisation's responses. If you prefer to use an MS Word version of the survey, this is available and can be emailed to us at [joanne.richdale@tepou.co.nz](mailto:joanne.richdale@tepou.co.nz)

All surveys will be kept confidential and stored securely without identifying information. Your individual organisation will not be identifiable in any publications or datasets.

You can withdraw from the survey at any time before publication of results.

### Content

The survey asks you to summarise your organisation's workforce FTE size, by region, in specific role groups at 31 March 2022; and to calculate the past year's total FTEs recruited and resigned for each type of service. You may find it helpful to print out this Word version of the survey first, to help guide compiling the information requested.

You can save your survey draft at any time and return to it later or send it to someone else. Select the 'Save and exit' option and send a reminder with a link to a nominated email address.

### Exclusions

Do not include the workforces delivering on the following types of contracts.

- Access and Choice, Integrated Primary Mental Health and Addiction services, or primary health services like general practice.
- Services dedicated to children and adolescents.
- Preventing and Minimising Gambling Harm services.
- Smoking cessation services.

- Other government agency contracts such as with the Ministries of Social Development, Justice, and Department of Corrections.

### Need help?

More information about the survey, its content, and answers to frequently asked questions is on our website [here](#). Our team is available to support you. Contact us at [joanne.richdale@tepou.co.nz](mailto:joanne.richdale@tepou.co.nz) or phone 09 301 3739.

### About your organisation

Please tell us your organisation's name and a contact email address. We will only contact you if we have questions about the survey. This information will not be stored with your survey answers.

Q1. Organisation name \_\_\_\_\_

Q2. Contact email address \_\_\_\_\_

Q3. Over the year to 31 March 2022, did your organisation hold DHB or Ministry of Health contracts to deliver alcohol and drug, or mental health (including forensic) services in any of the following regions?

Select as many as apply.

Yes	Region
	Northern (including former Northland, Waitematā, Auckland, Counties Manukau DHBs).
	Te Manawa Taki (previously Midland region, including former Waikato, Lakes, Bay of Plenty, Tairāwhiti, Taranaki DHBs).
	Central (including former MidCentral, Hawke's Bay, Whanganui, Wairarapa, Capital & Coast, Hutt DHBs).
	Te Wai Pounamu (previously South Island region, including former Nelson-Marlborough, Canterbury/West Coast, South Canterbury, Southern DHBs).
	National workforce delivering services across more than one region. For example, national consumer advisors.

## Role groups

Next, we invite you to tell us about your FTE workforce delivering adult alcohol and drug and mental health (including forensic) services contracted by DHBs and the Ministry of Health by combining your workforce into specific role groups.

These role groups cluster various workforce roles based on what people are employed to do and specific role requirements like lived experience, tikanga Māori expertise, and professional registration. These groups and definitions are summarised for your reference below. You may find it useful to print this table before calculating your workforce summaries.

<b>Lived experience roles</b>	
Consumer advisors	People with lived experience of problematic substance use or mental health challenges and recovery, employed to provide operational and strategic advice and leadership to ensure the voices and experiences of people who access services influence organisation development and direction
Peer support workers	People with lived experience of problematic substance use or mental health challenges and recovery, employed to use their lived experience to work alongside individuals or groups to nurture hope, personal power, and wellbeing
Whānau support workers	People with lived experience of supporting a whānau member experiencing problematic substance use or mental health challenges, employed to use their lived experience to support other whānau experiencing similar issues
Other lived experience workers	People with lived experience of problematic substance use or mental health challenges and recovery, employed to use their lived experience to support either people accessing services or people in other workforce roles. Role titles may include peer or consumer advocate, peer supervisor, peer trainer or educator
<b>Māori and Pasifika roles</b>	
Kaumātua (male and female)	Māori elders who hold the status, tradition, and integrity of their iwi and hapū, provide advice and guidance on tikanga and kawa, and facilitate the cultural development of younger generations
Māori cultural advisors	People employed to use their knowledge of te reo Māori me ōna tikanga to provide operational and strategic advice and leadership to ensure Māori people's perspectives, expectations, and requirements are upheld in organisation development and direction
Māori cultural workers	People employed to use their knowledge of te reo Māori me ōna tikanga and Māori health models and practices to support people and whānau on their tino rangatiratanga journey to health and wellbeing. They may hold a professional registration, but this is not required for the role. Role titles might include iwi support worker, pukenga atawhai, kaimahi tautoko, kaiāwhina, whānau ora kaimahi
Rongoā Māori practitioners	People trained in rongoā Māori practices, who are employed to deliver a holistic system of healing derived from Māori philosophy and customs. Role titles may include tohunga, kaimahi, kaiāwhina
Māori cultural and health professionals	People who are dually competent as registered health professionals and in te reo Māori me ōna tikanga and Māori health models and practices, employed to provide cultural and clinical services to people and whānau
Matua	Pasifika elders or traditional leaders (male or female) for example matai or matāpule, who hold traditional leadership roles in their communities and are custodians and recognised authorities on cultural protocols, language, knowledge and customs



Pasifika cultural advisors	People employed to use their knowledge of Pasifika protocols, language(s), and customs to provide operational and strategic advice and leadership so that Pasifika peoples' perspectives, expectations, and requirements are upheld in organisation development and direction
Pasifika cultural workers	Pasifika people who can either access others or use their own knowledge of Pasifika protocols, language(s), knowledge, and customs and are employed to support people and whānau on their journey towards achieving mo'ui lelei/ora/ola, that is good health and wellbeing. They may hold a professional registration, but this is not required for the role
<b>Other roles</b>	
Support workers	People employed to support people experiencing problematic substance use or mental health challenges and their whānau to achieve their recovery goals. Support workers may work independently or as part of a team. They are generally expected to have or be working towards a Level 4 Certificate in Health and Wellbeing. They may hold higher qualifications and professional registration, but this is not required for the role. Role titles might include community support worker; residential support worker; kaiāwhina; mataora; kaiwhakapuaki waiora; employment worker; whānau support worker
Addiction practitioners	Registered social and health professionals providing addiction treatment. They may be registered or endorsed with <i>dapaanz</i> , but this is not required for the role
Nurses	Nurses registered with the Nursing Council of New Zealand including registered nurses, nurse practitioners, nurse specialists, nurse educators, and enrolled nurses
Other registered health professions	Registered health professionals who provide clinical mental health and addiction treatment and support to people and whānau eg social workers, occupational therapists, psychologists, psychiatrists, medical practitioners, counsellors, psychotherapists, and clinicians in assessment, coordination, and liaison roles
Service managers and team leaders	Dedicated team leaders and service managers who provide direct line management to the mental health and addiction service delivery workers. This group might include people with lived experience leading lived experience teams.
Administration, business, and technical support roles	Dedicated administration, business and technical roles that support the workforce delivering mental health and addiction treatment and support. Role titles might include administrator, receptionist, IT specialist, cook, cleaner, housekeeper, driver, security guard

## Workforce size, composition, and turnover

Q4a. At 31 March 2022, how many FTE positions were employed and vacant in the NORTHERN region for each type of service?

Please summarise your workforce into the relevant role groups and service columns for FTEs employed and vacant.

FTE positions are calculated as the total number of hours per week worked by all employees in the role group, divided by 40 hours. For example, if 11 peer support workers work a total of 320 hours per week, then the FTE positions employed would be  $320/40=8$  FTEs. If vacant roles at 31 March 2022 totalled 20 hours per week, then the FTE vacant is  $20/40=0.5$  FTE.

Where roles align with more than one group, depending on the circumstances you can either:

- select the group most applicable to the role and activities, or
- split the FTE across the relevant groups.

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				
Service managers and team leaders				
Administration, business, and technical support roles				

Q4a. At 31 March 2022, how many FTE positions were employed and vacant in the TE MANAWA TAKI (former MIDLAND) region for each type of service?

Please summarise your workforce into the relevant role groups and service columns for FTEs employed and vacant.

FTE positions are calculated as the total number of hours per week worked by all employees in the role group, divided by 40 hours. For example, if 11 peer support workers work a total of 320 hours per week, then the FTE positions employed would be  $320/40=8$  FTEs. If vacant roles at 31 March 2022 totalled 20 hours per week, then the FTE vacant is  $20/40=0.5$  FTE. Where roles align with more than one group, depending on the circumstances you can either:

- select the group most applicable to the role and activities, or
- split the FTE across the relevant groups.

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				
Service managers and team leaders				
Administration, business, and technical support roles				

Q4c. At 31 March 2022, how many FTE positions were employed and vacant in the CENTRAL region for each type of service?

Please summarise your workforce into the relevant role groups and service columns for FTEs employed and vacant.

FTE positions are calculated as the total number of hours per week worked by all employees in the role group, divided by 40 hours. For example, if 11 peer support workers work a total of 320 hours per week, then the FTE positions employed would be  $320/40=8$  FTEs. If vacant roles at 31 March 2022 totalled 20 hours per week, then the FTE vacant is  $20/40=0.5$  FTE.

Where roles align with more than one group, depending on the circumstances you can either:

- select the group most applicable to the role and activities, or
- split the FTE across the relevant groups.

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
Service managers and team leaders				
Administration, business, and technical support roles				

Q4d. At 31 March 2022, how many FTE positions were employed and vacant in the TE WAIPOUNAMU (former SOUTH ISLAND) region for each type of service?

Please summarise your workforce into the relevant role groups and service columns for FTEs employed and vacant.

FTE positions are calculated as the total number of hours per week worked by all employees in the role group, divided by 40 hours. For example, if 11 peer support workers work a total of 320 hours per week, then the FTE positions employed would be  $320/40=8$  FTEs. If vacant roles at 31 March 2022 totalled 20 hours per week, then the FTE vacant is  $20/40=0.5$  FTE.

Where roles align with more than one group, depending on the circumstances you can either:

- select the group most applicable to the role and activities, or
- split the FTE across the relevant groups.

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				
Service managers and team leaders				
Administration, business, and technical support roles				

Q4e. At 31 March 2022, how many FTE positions were employed and vacant in the NATIONAL roles (working across more than one region) for each type of service? Do not report roles that have been included in previous regional tables.

Please summarise your workforce into the relevant role groups and service columns for FTEs employed and vacant.

FTE positions are calculated as the total number of hours per week worked by all employees in the role group, divided by 40 hours. For example, if 11 peer support workers work a total of 320 hours per week, then the FTE positions employed would be  $320/40=8$  FTEs. If vacant roles at 31 March 2022 totalled 20 hours per week, then the FTE vacant is  $20/40=0.5$  FTE.

Where roles align with more than one group, depending on the circumstances you can either:

- select the group most applicable to the role and activities, or
- split the FTE across the relevant groups.

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs employed	FTEs vacant	FTEs employed	FTEs vacant
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				
Service managers and team leaders				
Administration, business, and technical support roles				

## Impact of COVID-19

The COVID-19 pandemic and response required shifts in service delivery that may temporarily altered the workforce profile.

Q5. Did the COVID-19 pandemic and response impact the size of your reported service delivery workforce during the year to 31 March 2022?

Select one option that most consistently applied for the year.

- Yes, increased our employed workforce size by around \_\_\_\_\_ FTEs
- Yes, decreased our employed workforce size by around \_\_\_\_\_ FTEs
- No

Q6. Is there any else you want to say about the impact of the COVID-19 pandemic and response on your workforce? \_\_\_\_\_



## FTE turnover

Q7. Between 1 April 2021 and 31 March 2022, how many FTE positions did your organisation recruit, and how many resigned from your alcohol and drug and mental health (including forensic) services?

Summarise the FTE positions for all people entering or leaving a permanent or fixed term employment agreement with your organisation. Do not include people who:

- delivered Access and Choice or Integrated Primary Mental Health and Addiction Services
- were volunteers or unpaid interns
- were on casual contracts
- changed roles or job title within a term of employment (eg promotions)
- are on long-term paid or unpaid leave (eg parental leave).

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs recruited	FTEs resigned	FTEs recruited	FTEs resigned
<b>Lived experience roles</b>				
Consumer advisors				
Peer support workers				
Whānau support workers				
Other lived experience workers				
<b>Māori and Pasifika roles</b>				
Kaumātua (male and female)				
Māori cultural advisors				
Māori cultural workers				
Rongoā Māori practitioners				
Māori cultural and health professionals				
Matua				
Pasifika cultural advisors				
Pasifika cultural workers				
<b>Other roles</b>				
Support workers				
Addiction practitioners				
Nurses				
Other registered health professions				
Service managers and team leaders				

Role groups	Alcohol and drug		Mental health (including forensic)	
	FTEs recruited	FTEs resigned	FTEs recruited	FTEs resigned
Administration, business, and technical support roles				

## Organisation and governance

### Definitions

**Lived experience-led** organisations are developed, designed, and led by people with lived experience of problematic substance use or mental health challenges.

**Kaupapa Māori** organisations are specifically developed and delivered by providers who identify as Māori. These include but are not limited to:

- links with Māori whānau, hapū, iwi community organisations
- support from mana whenua and/or the local Māori community
- use of Māori derived beliefs, values, and practice
- being mostly staffed by people of Māori descent
- having aims that are consistent with Māori development
- facilitating access to, and support of, kaumātua (male and female)
- an emphasis on whakawhanaungatanga.

**Pasifika-led** organisations or service providers are owned, governed, and run by Pasifika for Pasifika and are responsive to Pasifika peoples' needs. They use Pasifika frameworks and models of approach that recognise the significance of families for Pasifika people's wellbeing.

Q8. Does your organisation self-identify with any of the following?

Select one option for each row that best describes your organisation and add a comment to explain your answer.

Organisation identity	No, our organisation does not identify this way	No, but some of our services or teams identify this way	Yes, our organisation does identify this way	Add a comment (optional)
Lived experience-led				
Kaupapa Māori				
Pasifika-led				

Other please specify: \_\_\_\_\_

Q9. Workforce policy and strategy prioritises increasing lived experience, Māori, and Pasifika peoples' involvement in organisation governance. One way to achieve this is by having dedicated governance roles.

Which option best describes the presence of dedicated roles on your organisation's governing board?

Select one option for each row that best describes your organisation and add a comment to explain your answer.

	Not applicable	We do not have any for this group	We plan to implement these in the future	We have dedicated governance roles	Don't know	Comment
Lived experience representatives						
Māori representatives						
Pasifika representatives						
Other please specify						

### Workforce development

Q10. Workforce development policy prioritises growing the workforce in lived experience, and Māori and Pasifika cultural roles.

Which option best describes your organisation's plans to develop or grow the workforce in any of the following groups?

Select one option for each row that best describes your organisation and add a comment to explain your answer.

	Not applicable	No current plans	We have future plans to grow/develop this workforce	We are actively growing/developing this workforce	Don't know	Comment
Lived experience roles						
Māori cultural roles						
Pasifika cultural roles						
Other please specify						

Q11. What additional supports would help your organisation develop or grow your workforce?

Select all that apply and add some specific examples in the comments.

	Not applicable	No	Yes, somewhat agree	Yes, strongly agree	Comment
More flexibility in contracts to create roles and career pathways					
Support to build internal workforce planning and development capability					
Access to expert advice and workforce planning and development resources					
Dedicated funding for workforce development					
Better pipelines of suitable and qualified candidates for recruitment					
Funding and support for relevant supervision and mentoring					
Training and development programmes to increase workforce skills					
More support for workforce health and wellbeing initiatives					
Resources to improve retention					
Other please specify					

Q12. During recruitment processes, how difficult is it to attract and employ the following kinds of people and workforce groups?

Select the option that most commonly applied over the last year and add a comment to explain your answer.

	Not difficult	Mildly difficult	Moderately difficult	Very difficult	Not applicable/ Don't know	Comment
People with lived experience						
People with Māori cultural skills						
People with Pasifika cultural skills						
People with other cultural skills (please specify)						

	Not difficult	Mildly difficult	Moderately difficult	Very difficult	Not applicable/ Don't know	Comment
Rangatahi & young people aged under 30						
Support workers						
Addiction practitioners						
Nurses						
Other registered health professionals						
Service managers & team leaders						
People with other skills (please specify)						

## Workforce funding

The following questions aim to understand the potential influence other government sectors like Corrections have on mental health and addiction service delivery. The information you provide will be aggregated with other NGOs' responses to understand the national picture and will not be disclosed elsewhere or linked to your organisation.

Q13. In the year to 31 March 2022, approximately what proportion of your organisation's usual income for alcohol and drug and mental health (including forensic) service delivery came from contracts with DHBs or the Ministry of Health? \_\_\_\_\_

Q14. From which other sources does your organisation receive funding for mental health and addiction services?

Select all that apply.

Yes	Other sources of income
	No other sources
	Ministry of Social Development
	Ministry of Justice
	Ara Poutama Aotearoa Department of Corrections
	Te Puni Kōkiri
	Whānau Ora Commissioning Agency
	Oranga Tamariki
	Private sector
	Charity
	Fundraising

Yes	<b>Other sources of income</b>
	ACC

Q15. Other sources of income not listed above? \_\_\_\_\_

Thank you for completing the 2022 NGO workforce survey. We appreciate the time you have taken to share this information with Te Pou.

Your survey will be treated as confidential and no identifying information shared or published. We will send you a link to our report on the NGO adult mental health and addiction workforce when available later this year.

## Appendix B: NGO workforce profile tables

The following tables provide more detailed information about NGOs reporting to the survey including:

- organisation and health funding response rates
- reported workforce size, vacancy rates, resignation rates, and recruitment rates.

Table 12. Summary of organisation response rates by service, levels of funding, and organisation identity

	Invited NGOs	Responding NGOs	Response rate (%)	Share of reporting NGOs (%)
<b>All NGOs by services delivered</b>	<b>214</b>	<b>111</b>	<b>52</b>	<b>100</b>
Alcohol and drug	75	46	61	41
Mental health & forensic	192	97	50	87
<b>All NGOs by funding groups</b>				
Less than \$500,000	103	53	52	48
500,000 to \$1million	40	20	50	18
\$1million and more	71	38	54	34
<b>Kaupapa Māori NGOs</b>	<b>77</b>	<b>37</b>	<b>48</b>	<b>33</b>
Alcohol and drug	39	20	51	18
Mental health & forensic	70	32	46	29
Less than \$500,000	30	16	53	14
500,000 to \$1million	23	9	39	8
\$1million and more	24	12	50	11
<b>Non-Kaupapa Māori NGOs</b>	<b>137</b>	<b>74</b>	<b>54</b>	<b>67</b>
Alcohol and drug	36	26	72	23
Mental health & forensic	122	65	53	59
Less than \$500,000	73	37	51	33
500,000 to \$1million	17	11	65	10
\$1million and more	47	26	55	23

Note: Non-Kaupapa Māori NGOs include NGOs identifying as Lived experience-led and Pasifika-led as well as all others that do not specifically identify as Kaupapa Māori.



Table 13. Summary of funding response rates by service, levels of funding, and organisation identity

	Total NGO funding (\$)	Responding NGOs' funding (\$)	Funding response rate (%)	Share of responding NGO funding (%)
<b>All NGOs by services delivered</b>	<b>398,534,551</b>	<b>272,988,995</b>	<b>68</b>	<b>100</b>
Alcohol and drug	74,202,907	56,574,645	76	21
Mental health & forensic	324,331,644	216,414,350	67	70
<b>All NGOs by funding groups</b>				
Less than \$500,000	21,656,405	12,583,627	58	5
500,000 to \$1million	31,854,948	18,341,237	58	7
\$1million and more	345,023,198	242,064,131	70	89
<b>Kaupapa Māori</b>	<b>103,647,224</b>	<b>46,414,421</b>	<b>45</b>	<b>17</b>
Alcohol and drug	18,186,434	10,150,723	56	4
Mental health & forensic	85,460,790	36,263,698	42	13
Less than \$500,000	6,732,076	3,599,294	53	1
500,000 to \$1million	19,061,003	6,144,537	49	2
\$1million and more	77,854,145	33,487,942	43	12
<b>Non-Kaupapa Māori NGOs</b>	<b>294,887,326</b>	<b>226,574,574</b>	<b>77</b>	<b>83</b>
Alcohol and drug	56,016,473	46,423,922	83	17
Mental health & forensic	238,870,854	180,150,653	75	66
Less than \$500,000	14,924,329	8,984,333	60	3
500,000 to \$1million	12,793,945	9,014,052	70	3
\$1million and more	267,169,052	208,576,189	78	76
Note: Non-Kaupapa Māori NGOs include NGOs identifying as Lived experience-led and Pasifika-led as well as all others that do not specifically identify as Kaupapa Māori.				

Table 14. Reporting NGOs and reported FTE workforce (employed and vacant) for all NGOs, by organisation workforce size groups, and organisation identity

Workforce size	No. NGOs	Share of NGOs (%)	Reported FTE workforce	Share of reported workforce (%)
<b>All NGOs</b>	<b>111</b>	<b>100</b>	<b>3,517.4</b>	<b>100</b>
Less than 5 FTEs	43	39	117.2	3
5 to 19 FTEs	34	31	352.1	10
20 to 49 FTEs	20	18	643.8	18
50 FTEs and more	14	13	2,404.4	68
		-		
<b>Kaupapa Māori NGOs</b>	<b>37</b>	<b>33</b>	<b>629.0</b>	<b>18</b>
Less than 5 FTEs	14	13	34.9	1
5 to 19 FTEs	11	10	111.0	3
20 to 49 FTEs	10	9	309.6	9
50 FTEs and more	2	2	173.5	5
<b>Non-Kaupapa Māori NGOs</b>	<b>74</b>	<b>67</b>	<b>2,888.4</b>	<b>82</b>
Less than 5 FTEs	29	26	82.3	2
5 to 19 FTEs	23	21	241.0	7
20 to 49 FTEs	10	9	334.2	10
50 FTEs and more	12	11	2,231.0	63
Note: The information is a partial snapshot of the workforce. Refer to the workforce estimates section for an overview of the estimated total workforce.				

Table 15. Summary of variation in vacancy rates for all NGOs, by organisation workforce size groups, and organisation identity

Workforce size	Minimum (%)	Maximum (%)	Median (%)	Average (%)	Standard deviation
<b>All NGOs</b>	<b>0.0</b>	<b>85.7</b>	<b>0.0</b>	<b>6.5</b>	<b>12.2</b>
Less than 5 FTEs	0.0	51.6	0.0	5.5	12.6
5 to 19 FTEs	0.0	85.7	0.0	6.2	15.5
20 to 49 FTEs	0.0	23.1	6.6	7.3	7.1
50 FTEs and more	0.0	21.6	9.9	10.6	5.9
<b>Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>51.6</b>	<b>0.0</b>	<b>6.0</b>	<b>11.4</b>
Less than 5 FTEs	0.0	51.6	0.0	7.9	16.5
5 to 19 FTEs	0.0	19.1	0.0	2.2	5.8
20 to 49 FTEs	0.0	16.4	6.3	5.6	5.9
50 FTEs and more	15.2	15.7	15.5	15.5	0.3

Workforce size	Minimum (%)	Maximum (%)	Median (%)	Average (%)	Standard deviation
<b>Non-Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>85.7</b>	<b>0.0</b>	<b>7.0</b>	<b>12.6</b>
Less than 5 FTEs	0.0	37.5	0.0	4.3	10.4
5 to 19 FTEs	0.0	85.7	0.0	8.0	18.3
20 to 49 FTEs	0.0	23.1	9.1	9.1	8.2
50 FTEs and more	17.2	21.6	9.6	9.2	6.1
Note: This table provides information based on individual organisations' reported FTEs employed and vacant that is not representative of the whole workforce. Refer to the workforce estimates sections and tables in Appendices C to E to understand the overall workforce FTEs vacant and vacancy rates.					

Table 16. Summary of variation in resignation rates for all NGOs, by organisation workforce size groups, and organisation identity

Workforce size	Minimum (%)	Maximum (%)	Median (%)	Average (%)	Standard deviation
<b>All NGOs</b>	<b>0.0</b>	<b>193.5</b>	<b>5.7</b>	<b>17.2</b>	<b>29.9</b>
Less than 5 FTEs	0.0	193.5	0.0	19.6	42.9
5 to 19 FTEs	0.0	90.3	10.7	19.1	24.5
20 to 49 FTEs	0.0	30.3	7.7	9.3	10.3
50 FTEs and more	0.0	56.1	15.6	16.3	14.8
<b>Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>193.5</b>	<b>0.0</b>	<b>17.4</b>	<b>41.5</b>
Less than 5 FTEs	0.0	193.5	0.0	32.4	64.7
5 to 19 FTEs	0.0	40.0	0.0	8.3	14.8
20 to 49 FTEs	0.0	19.3	10.0	7.7	7.8
50 FTEs and more	12.3	14.7	13.5	13.5	1.7
<b>Non-Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>100.0</b>	<b>11.1</b>	<b>17.0</b>	<b>23.1</b>
Less than 5 FTEs	0.0	100.0	0.0	13.3	26.5
5 to 19 FTEs	0.0	90.3	17.4	23.7	26.6
20 to 49 FTEs	0.0	30.3	8.5	11.3	11.8
50 FTEs and more	0.0	56.1	16.2	16.8	16.2
Note: This table provides information based on individual organisations' FTEs resigned, employed and vacant that is not representative of the whole workforce. Refer to graphs and tables provided in the FTE turnover section of this report for whole of workforce analyses.					

Table 17. Summary of variation in recruitment rates for all NGOs, by organisation workforce size groups, and organisation identity

Workforce size	Minimum (%)	Maximum (%)	Median (%)	Average (%)	Standard deviation
<b>All NGOs</b>	<b>0.0</b>	<b>193.5</b>	<b>23.4</b>	<b>30.2</b>	<b>34.3</b>
Less than 5 FTEs	0.0	193.5	26.8	36.9	46.7
5 to 19 FTEs	0.0	142.9	20.7	28.6	30.3
20 to 49 FTEs	0.0	82.1	17.3	24.0	21.9
50 FTEs and more	0.0	52.7	21.6	24.6	13.8
<b>Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>193.5</b>	<b>17.1</b>	<b>32.4</b>	<b>44.1</b>
Less than 5 FTEs	0.0	193.5	28.9	45.4	59.5
5 to 19 FTEs	0.0	142.9	15.5	35.8	47.1
20 to 49 FTEs	0.0	29.9	13.4	13.4	9.5
50 FTEs and more	17.2	33.1	25.2	25.2	11.3
<b>Non-Kaupapa Māori NGOs</b>	<b>0.0</b>	<b>165.6</b>	<b>25.0</b>	<b>28.6</b>	<b>28.0</b>
Less than 5 FTEs	0.0	165.6	26.8	32.7	39.9
5 to 19 FTEs	0.0	90.3	24.4	25.6	20.7
20 to 49 FTEs	2.6	82.1	28.3	32.0	25.4
50 FTEs and more	0.0	52.7	21.6	24.6	14.6

Note: This table provides information based on individual organisations' FTEs recruited, employed and vacant that is not representative of the whole workforce. Refer to graphs and tables provided in the FTE turnover section of this report for whole of workforce analyses.

## Appendix C: Estimated NGO adult alcohol and drug and mental health workforce

The following tables summarise the estimated NGO adult alcohol and drug and mental health (including forensic) workforce nationally and in each region by role groups including vacancy rates.

Table 18. Estimated NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	92.5	261.2	353.7	6.8	7.7
Whānau support workers	10.4	60.7	71.1	1.4	6.8
Other lived experience roles	8.4	19.0	27.3	0.5	9.7
<b>Total lived experience roles</b>	<b>111.3</b>	<b>340.8</b>	<b>452.1</b>	<b>8.8</b>	<b>7.7</b>
<b>Cultural support roles</b>					
Māori cultural workers	16.8	56.8	73.6	1.4	12.6
Rongoā Māori practitioners	0.2	3.4	3.6	0.1	32.4
Pasifika cultural workers	1.8	14.5	16.3	0.3	3.5
<b>Total cultural support roles</b>	<b>18.8</b>	<b>74.7</b>	<b>93.5</b>	<b>1.8</b>	<b>11.8</b>
<b>Other support workers</b>	<b>177.5</b>	<b>2,381.8</b>	<b>2,559.3</b>	<b>49.5</b>	<b>12.1</b>
<b>Registered professionals</b>					
Addiction practitioners	302.4	17.8	320.3	6.2	12.6
Māori cultural health professionals	9.3	121.1	130.4	2.5	1.1
Nurses	44.6	238.9	283.5	5.5	13.7
Other registered professionals	42.6	294.3	336.9	6.5	20.5
<b>Total registered professionals</b>	<b>398.9</b>	<b>672.2</b>	<b>1,071.1</b>	<b>20.7</b>	<b>14.0</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	7.5	24.0	31.5	0.6	3.8
Kaumātua (male and female)	3.9	27.8	31.6	0.6	7.9
Māori cultural advisors	13.5	27.5	40.9	0.8	15.8
Matua	1.6	1.3	2.9	0.1	41.7
Pasifika cultural advisors	1.2	5.3	6.5	0.1	5.1
Managers & team leaders	92.5	435.8	528.3	10.2	4.9
Administrators	122.3	225.0	347.3	6.7	4.9
<b>Total advisors, managers, administrators</b>	<b>242.4</b>	<b>746.7</b>	<b>989.1</b>	<b>19.1</b>	<b>5.5</b>
<b>Total FTE workforce</b>	<b>948.9</b>	<b>4,216.2</b>	<b>5,165.1</b>	<b>100.0</b>	<b>10.8</b>

Table 19. Northern estimated NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	16.1	105.9	122.0	7.4	8.2
Whānau support workers	1.6	13.1	14.7	0.9	4.7
Other lived experience roles	5.4	4.4	9.8	0.6	2.0
<b>Total lived experience roles</b>	<b>23.2</b>	<b>123.4</b>	<b>146.6</b>	<b>8.9</b>	<b>7.4</b>
<b>Cultural support roles</b>					
Māori cultural workers	3.6	10.8	14.4	0.9	19.9
Rongoā Māori practitioners	0.0	1.2	1.2	0.1	21.0
Pasifika cultural workers	1.1	10.0	11.1	0.7	4.2
<b>Total cultural support roles</b>	<b>4.7</b>	<b>22.0</b>	<b>26.7</b>	<b>1.6</b>	<b>13.4</b>
<b>Other support workers</b>	<b>30.3</b>	<b>853.4</b>	<b>883.7</b>	<b>53.7</b>	<b>11.8</b>
<b>Registered professionals</b>					
Addiction practitioners	85.0	3.8	88.8	5.4	8.5
Māori cultural health professionals	1.2	26.4	27.6	1.7	0.4
Nurses	8.2	51.5	59.7	3.6	18.3
Other registered professionals	3.4	101.2	104.6	6.4	15.7
<b>Total registered professionals</b>	<b>97.8</b>	<b>182.9</b>	<b>280.7</b>	<b>17.1</b>	<b>12.5</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	2.1	5.4	7.5	0.5	3.9
Kaumātua (male and female)	0.3	10.2	10.5	0.6	4.9
Māori cultural advisors	2.0	10.0	12.0	0.7	25.6
Matua	0.1	1.1	1.2	0.1	8.7
Pasifika cultural advisors	0.1	2.0	2.1	0.1	13.2
Managers & team leaders	21.5	159.3	180.7	11.0	5.5
Administrators	25.4	68.8	94.3	5.7	4.8
<b>Total advisors, managers, administrators</b>	<b>51.5</b>	<b>256.8</b>	<b>308.3</b>	<b>18.7</b>	<b>6.1</b>
<b>Total FTE workforce</b>	<b>207.5</b>	<b>1,438.5</b>	<b>1,646.0</b>	<b>100.0</b>	<b>10.5</b>

Table 20. Te Manawa Taki estimated NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	23.8	45.6	69.3	5.4	6.5
Whānau support workers	1.9	17.3	19.2	1.5	9.6
Other lived experience roles	1.9	4.0	5.8	0.5	3.3
<b>Total lived experience roles</b>	<b>27.5</b>	<b>66.8</b>	<b>94.4</b>	<b>7.3</b>	<b>7.0</b>
<b>Cultural support roles</b>					
Māori cultural workers	7.1	27.4	34.5	2.7	10.5
Rongoā Māori practitioners	0.2	1.0	1.1	0.1	29.1
Pasifika cultural workers	0.4	1.1	1.5	0.1	2.8
<b>Total cultural support roles</b>	<b>7.7</b>	<b>29.5</b>	<b>37.1</b>	<b>2.9</b>	<b>10.8</b>
<b>Other support workers</b>	<b>30.1</b>	<b>589.8</b>	<b>620.0</b>	<b>48.2</b>	<b>12.7</b>
<b>Registered professionals</b>					
Addiction practitioners	75.9	2.0	77.9	6.1	14.5
Māori cultural health professionals	1.6	37.4	39.0	3.0	0.3
Nurses	11.5	62.8	74.3	5.8	20.6
Other registered professionals	15.3	83.6	98.9	7.7	19.1
<b>Total registered professionals</b>	<b>104.3</b>	<b>185.8</b>	<b>290.2</b>	<b>22.6</b>	<b>15.7</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	1.2	6.6	7.8	0.6	0.8
Kaumātua (male and female)	2.0	12.6	14.6	1.1	11.4
Māori cultural advisors	3.4	9.0	12.4	1.0	15.8
Matua	0.1	0.1	0.2	0.0	21.3
Pasifika cultural advisors	0.0	2.9	2.9	0.2	0.8
Managers & team leaders	25.8	105.6	131.3	10.2	3.0
Administrators	23.8	51.6	75.4	5.9	2.3
<b>Total advisors, managers, administrators</b>	<b>56.3</b>	<b>188.4</b>	<b>244.7</b>	<b>19.0</b>	<b>3.9</b>
<b>Total FTE workforce</b>	<b>226.0</b>	<b>1,060.4</b>	<b>1,286.3</b>	<b>100.0</b>	<b>11.2</b>



Table 21. Central estimated NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	14.4	47.1	61.5	6.3	6.5
Whānau support workers	3.1	18.0	21.1	2.1	1.2
Other lived experience roles	0.5	7.5	8.0	0.8	25.8
<b>Total lived experience roles</b>	<b>17.9</b>	<b>72.7</b>	<b>90.6</b>	<b>9.2</b>	<b>7.0</b>
<b>Cultural support roles</b>				-	
Māori cultural workers	1.4	17.2	18.6	1.9	8.7
Rongoā Māori practitioners	0.0	1.3	1.3	0.1	45.8
Pasifika cultural workers	0.2	2.4	2.6	0.3	0.6
<b>Total cultural support roles</b>	<b>1.6</b>	<b>20.9</b>	<b>22.5</b>	<b>2.3</b>	<b>9.9</b>
<b>Other support workers</b>	<b>50.4</b>	<b>432.2</b>	<b>482.6</b>	<b>49.1</b>	<b>15.2</b>
<b>Registered professionals</b>				-	
Addiction practitioners	56.4	2.2	58.6	6.0	13.9
Māori cultural health professionals	4.3	41.5	45.8	4.7	2.3
Nurses	5.6	33.7	39.2	4.0	14.1
Other registered professionals	7.5	66.9	74.4	7.6	27.9
<b>Total registered professionals</b>	<b>73.7</b>	<b>144.2</b>	<b>218.0</b>	<b>22.2</b>	<b>16.3</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	0.9	5.8	6.8	0.7	0.6
Kaumātua (male and female)	0.9	4.3	5.2	0.5	3.7
Māori cultural advisors	0.8	2.6	3.3	0.3	9.2
Matua	0.3	0.0	0.3	0.0	14.4
Pasifika cultural advisors	0.0	0.3	0.3	0.0	2.9
Managers & team leaders	14.8	85.7	100.5	10.2	8.5
Administrators	14.5	37.6	52.2	5.3	6.9
<b>Total advisors, managers, administrators</b>	<b>32.2</b>	<b>136.3</b>	<b>168.6</b>	<b>17.2</b>	<b>7.6</b>
<b>Total FTE workforce</b>	<b>175.9</b>	<b>806.4</b>	<b>982.2</b>	<b>100.0</b>	<b>13.3</b>

Table 22. Te Waipounamu estimated NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	16.3	62.6	78.9	7.8	5.4
Whānau support workers	3.8	12.3	16.1	1.6	12.7
Other lived experience roles	0.6	3.0	3.6	0.4	5.0
<b>Total lived experience roles</b>	<b>20.7</b>	<b>77.9</b>	<b>98.6</b>	<b>9.8</b>	<b>6.6</b>
<b>Cultural support roles</b>					
Māori cultural workers	1.4	1.4	2.8	0.3	6.1
Rongoā Māori practitioners	0.0	0.0	0.0	0.0	11.3
Pasifika cultural workers	0.1	1.0	1.1	0.1	3.7
<b>Total cultural support roles</b>	<b>1.5</b>	<b>2.4</b>	<b>3.9</b>	<b>0.4</b>	<b>5.5</b>
<b>Other support workers</b>	<b>31.6</b>	<b>498.4</b>	<b>529.9</b>	<b>52.6</b>	<b>9.5</b>
<b>Registered professionals</b>					
Addiction practitioners	34.6	2.0	36.5	3.6	9.1
Māori cultural health professionals	0.2	15.9	16.1	1.6	1.2
Nurses	8.0	89.5	97.5	9.7	7.2
Other registered professionals	9.2	42.6	51.9	5.1	22.7
<b>Total registered professionals</b>	<b>52.0</b>	<b>150.0</b>	<b>202.0</b>	<b>20.0</b>	<b>11.0</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	0.9	6.1	7.1	0.7	6.2
Kaumātua (male and female)	0.6	0.6	1.2	0.1	9.0
Māori cultural advisors	2.1	3.9	5.9	0.6	18.2
Matua	0.0	0.1	0.1	0.0	4.2
Pasifika cultural advisors	0.0	0.2	0.2	0.0	10.7
Managers & team leaders	15.2	80.3	95.4	9.5	2.3
Administrators	14.6	49.1	63.7	6.3	2.5
<b>Total advisors, managers, administrators</b>	<b>33.4</b>	<b>140.3</b>	<b>173.7</b>	<b>17.2</b>	<b>3.1</b>
<b>Total FTE workforce</b>	<b>139.1</b>	<b>868.9</b>	<b>1,008.1</b>	<b>100.0</b>	<b>8.4</b>

Table 23. Estimated multi-region roles for NGO adult alcohol and drug and mental health (including forensic) FTE workforce (employed and vacant), on 31 March 2022

Role group	Alcohol & drug (FTEs)	Mental health (FTEs)	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	22.0	-	22.0	9.1	20.3
Whānau support workers	-	-	-	-	
Other lived experience roles	-	-	-	-	
<b>Total lived experience roles</b>	<b>22.0</b>	<b>-</b>	<b>22.0</b>	<b>9.1</b>	<b>20.3</b>
<b>Cultural support roles</b>					
Māori cultural workers	3.3	-	3.3	1.4	30.0
Rongoā Māori practitioners	-	-	-	-	
Pasifika cultural workers	-	-	-	-	
<b>Total cultural support roles</b>	<b>3.3</b>	<b>-</b>	<b>3.3</b>	<b>1.4</b>	<b>30.0</b>
<b>Other support workers</b>	<b>35.2</b>	<b>8.0</b>	<b>43.1</b>	<b>17.8</b>	<b>8.4</b>
<b>Registered professionals</b>					
Addiction practitioners	50.6	7.8	58.4	24.1	17.1
Māori cultural health professionals	2.0	-	2.0	0.8	-
Nurses	11.3	1.5	12.8	5.3	-
Other registered professionals	7.1	-	7.1	2.9	14.1
<b>Total registered professionals</b>	<b>71.1</b>	<b>9.3</b>	<b>80.3</b>	<b>33.1</b>	<b>13.7</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	2.3	-	2.3	1.0	14.6
Kaumātua (male and female)	0.1	-	0.1	0.0	-
Māori cultural advisors	5.3	2.0	7.3	3.0	1.0
Matua	1.0	-	1.0	0.4	100.0
Pasifika cultural advisors	1.0	-	1.0	0.4	-
Managers & team leaders	15.3	5.0	20.3	8.4	6.2
Administrators	43.9	17.9	61.8	25.5	8.9
<b>Total advisors, managers, administrators</b>	<b>68.9</b>	<b>24.9</b>	<b>93.8</b>	<b>38.7</b>	<b>8.7</b>
<b>Total FTE workforce</b>	<b>200.4</b>	<b>42.1</b>	<b>242.5</b>	<b>100.0</b>	<b>11.6</b>

## Appendix D: Estimated NGO adult alcohol and drug workforce

The following tables summarise the estimated NGO adult alcohol and drug workforce nationally and in each region by role groups including vacancy rates.

Table 24. Estimated NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	82.4	10.1	92.5	9.7	10.9
Whānau support workers	10.4	-	10.4	1.1	-
Other lived experience roles	8.4	-	8.4	0.9	-
<b>Total lived experience roles</b>	<b>101.2</b>	<b>10.1</b>	<b>111.3</b>	<b>11.7</b>	<b>9.0</b>
<b>Cultural support roles</b>					
Māori cultural workers	14.7	2.1	16.8	1.8	12.5
Rongoā Māori practitioners	0.2	-	0.2	0.0	-
Pasifika cultural workers	1.8	-	1.8	0.2	-
<b>Total cultural support roles</b>	<b>16.7</b>	<b>2.1</b>	<b>18.8</b>	<b>2.0</b>	<b>11.2</b>
<b>Other support workers</b>	<b>155.3</b>	<b>22.3</b>	<b>177.5</b>	<b>18.7</b>	<b>12.5</b>
<b>Registered professionals</b>					
Addiction practitioners	264.7	37.7	302.4	31.9	12.5
Māori cultural health professionals	9.3	-	9.3	1.0	-
Nurses	41.5	3.1	44.6	4.7	7.0
Other registered professionals	<b>37.9</b>	<b>4.6</b>	<b>42.6</b>	<b>4.5</b>	<b>10.9</b>
<b>Total registered professionals</b>	<b>353.5</b>	<b>45.4</b>	<b>398.9</b>	<b>42.0</b>	<b>11.4</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	6.9	0.7	7.5	0.8	8.7
Kaumātua (male and female)	3.9	-	3.9	0.4	-
Māori cultural advisors	13.4	0.1	13.5	1.4	0.6
Matua	0.4	1.2	1.6	0.2	77.1
Pasifika cultural advisors	1.2	-	1.2	0.1	-
Managers & team leaders	88.6	3.9	92.5	9.7	4.2
Administrators	114.5	7.8	122.3	12.9	6.4
<b>Total advisors, managers, administrators</b>	<b>228.7</b>	<b>13.7</b>	<b>242.4</b>	<b>25.5</b>	<b>5.6</b>
<b>Total FTE workforce</b>	<b>855.4</b>	<b>93.6</b>	<b>948.9</b>	<b>100.0</b>	<b>9.9</b>

Table 25. Northern estimated NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	14.4	1.7	16.1	7.8	10.5
Whānau support workers	1.6	-	1.6	0.8	-
Other lived experience roles	5.4	-	5.4	2.6	-
<b>Total lived experience roles</b>	<b>21.5</b>	<b>1.7</b>	<b>23.2</b>	<b>11.2</b>	<b>7.3</b>
<b>Cultural support roles</b>					
Māori cultural workers	3.4	0.2	3.6	1.7	4.7
Rongoā Māori practitioners	0.0	-	0.0	0.0	-
Pasifika cultural workers	1.1	-	1.1	0.5	-
<b>Total cultural support roles</b>	<b>4.6</b>	<b>0.2</b>	<b>4.7</b>	<b>2.3</b>	<b>3.6</b>
<b>Other support workers</b>	<b>25.0</b>	<b>5.3</b>	<b>30.3</b>	<b>14.6</b>	<b>17.6</b>
<b>Registered professionals</b>					
Addiction practitioners	77.6	7.3	85.0	40.9	8.6
Māori cultural health professionals	1.2	-	1.2	0.6	-
Nurses	7.4	0.8	8.2	4.0	10.2
Other registered professionals	3.0	0.4	3.4	1.6	11.6
<b>Total registered professionals</b>	<b>89.2</b>	<b>8.6</b>	<b>97.8</b>	<b>47.1</b>	<b>8.8</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	1.9	0.3	2.1	1.0	12.0
Kaumātua (male and female)	0.3	-	0.3	0.1	-
Māori cultural advisors	1.9	0.0	2.0	0.9	0.4
Matua	0.0	0.1	0.1	0.1	81.3
Pasifika cultural advisors	0.1	-	0.1	0.1	-
Managers & team leaders	19.9	1.6	21.5	10.4	7.4
Administrators	23.7	1.7	25.4	12.2	6.7
<b>Total advisors, managers, administrators</b>	<b>47.8</b>	<b>3.7</b>	<b>51.5</b>	<b>24.8</b>	<b>7.1</b>
<b>Total FTE workforce</b>	<b>188.1</b>	<b>19.4</b>	<b>207.5</b>	<b>100.0</b>	<b>9.4</b>

Table 26. Te Manawa Taki estimated NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	21.5	2.3	23.8	10.5	9.5
Whānau support workers	1.9	-	1.9	0.8	-
Other lived experience roles	1.9	-	1.9	0.8	-
<b>Total lived experience roles</b>	<b>25.3</b>	<b>2.3</b>	<b>27.5</b>	<b>12.2</b>	<b>8.2</b>
<b>Cultural support roles</b>					
Māori cultural workers	6.3	0.8	7.1	3.1	10.7
Rongoā Māori practitioners	0.2	-	0.2	0.1	-
Pasifika cultural workers	0.4	-	0.4	0.2	-
<b>Total cultural support roles</b>	<b>6.9</b>	<b>0.8</b>	<b>7.7</b>	<b>3.4</b>	<b>9.9</b>
<b>Other support workers</b>	<b>27.6</b>	<b>2.5</b>	<b>30.1</b>	<b>13.3</b>	<b>8.3</b>
<b>Registered professionals</b>					
Addiction practitioners	64.8	11.1	75.9	33.6	14.7
Māori cultural health professionals	1.6	-	1.6	0.7	-
Nurses	10.1	1.5	11.5	5.1	12.7
Other registered professionals	14.5	0.9	15.3	6.8	5.6
<b>Total registered professionals</b>	<b>90.9</b>	<b>13.5</b>	<b>104.3</b>	<b>46.2</b>	<b>12.9</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	1.2	0.0	1.2	0.5	2.2
Kaumātua (male and female)	2.0	-	2.0	0.9	-
Māori cultural advisors	3.4	0.0	3.4	1.5	0.1
Matua	0.1	0.0	0.1	0.1	36.9
Pasifika cultural advisors	0.0	-	0.0	0.0	-
Managers & team leaders	25.3	0.4	25.8	11.4	1.6
Administrators	23.5	0.3	23.8	10.5	1.3
<b>Total advisors, managers, administrators</b>	<b>55.5</b>	<b>0.8</b>	<b>56.3</b>	<b>24.9</b>	<b>1.4</b>
<b>Total FTE workforce</b>	<b>206.2</b>	<b>19.8</b>	<b>226.0</b>	<b>100.0</b>	<b>8.8</b>

Table 27. Central estimated NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	13.8	0.5	14.4	8.2	3.7
Whānau support workers	3.1	-	3.1	1.7	-
Other lived experience roles	0.5	-	0.5	0.3	-
<b>Total lived experience roles</b>	<b>17.4</b>	<b>0.5</b>	<b>17.9</b>	<b>10.2</b>	<b>3.0</b>
<b>Cultural support roles</b>					
Māori cultural workers	1.2	0.1	1.4	0.8	10.3
Rongoā Māori practitioners	0.0	-	0.0	0.0	-
Pasifika cultural workers	0.2	-	0.2	0.1	-
<b>Total cultural support roles</b>	<b>1.4</b>	<b>0.1</b>	<b>1.6</b>	<b>0.9</b>	<b>8.9</b>
<b>Other support workers</b>	<b>38.5</b>	<b>11.9</b>	<b>50.4</b>	<b>28.6</b>	<b>23.5</b>
<b>Registered professionals</b>					
Addiction practitioners	48.3	8.1	56.4	32.1	14.3
Māori cultural health professionals	4.3	-	4.3	2.4	-
Nurses	5.3	0.2	5.6	3.2	4.3
Other registered professionals	5.2	2.3	7.5	4.3	31.2
<b>Total registered professionals</b>	<b>63.1</b>	<b>10.7</b>	<b>73.7</b>	<b>41.9</b>	<b>14.4</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	0.9	0.0	0.9	0.5	2.7
Kaumātua (male and female)	0.9	-	0.9	0.5	-
Māori cultural advisors	0.8	0.0	0.8	0.4	0.4
Matua	0.2	0.0	0.3	0.2	16.3
Pasifika cultural advisors	0.0	-	0.0	0.0	-
Managers & team leaders	13.7	1.2	14.8	8.4	7.8
Administrators	13.2	1.3	14.5	8.3	8.9
<b>Total advisors, managers, administrators</b>	<b>29.7</b>	<b>2.5</b>	<b>32.2</b>	<b>18.3</b>	<b>7.8</b>
<b>Total FTE workforce</b>	<b>150.2</b>	<b>25.7</b>	<b>175.9</b>	<b>100.0</b>	<b>14.6</b>



Table 28. Te Waipounamu estimated NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	15.2	1.1	16.3	11.7	6.8
Whānau support workers	3.8	-	3.8	2.7	-
Other lived experience roles	0.6	-	0.6	0.4	-
<b>Total lived experience roles</b>	<b>19.6</b>	<b>1.1</b>	<b>20.7</b>	<b>14.9</b>	<b>5.3</b>
<b>Cultural support roles</b>					
Māori cultural workers	1.4	0.0	1.4	1.0	2.6
Rongoā Māori practitioners	0.0	-	0.0	0.0	-
Pasifika cultural workers	0.1	-	0.1	0.0	-
<b>Total cultural support roles</b>	<b>1.4</b>	<b>0.0</b>	<b>1.5</b>	<b>1.1</b>	<b>2.4</b>
<b>Other support workers</b>	<b>31.1</b>	<b>0.5</b>	<b>31.6</b>	<b>22.7</b>	<b>1.5</b>
<b>Registered professionals</b>					
Addiction practitioners	31.4	3.2	34.6	24.8	9.1
Māori cultural health professionals	0.2	-	0.2	0.2	-
Nurses	7.4	0.6	8.0	5.7	7.1
Other registered professionals	9.2	0.0	9.2	6.6	0.5
<b>Total registered professionals</b>	<b>48.2</b>	<b>3.8</b>	<b>52.0</b>	<b>37.4</b>	<b>7.3</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	0.9	0.0	0.9	0.7	0.3
Kaumātua (male and female)	0.6	-	0.6	0.4	-
Māori cultural advisors	2.1	0.0	2.1	1.5	0.0
Matua	0.0	0.0	0.0	0.0	26.7
Pasifika cultural advisors	0.0	-	0.0	0.0	-
Managers & team leaders	15.2	0.0	15.2	10.9	0.1
Administrators	14.6	0.0	14.6	10.5	0.2
<b>Total advisors, managers, administrators</b>	<b>33.4</b>	<b>0.1</b>	<b>33.4</b>	<b>24.0</b>	<b>0.2</b>
<b>Total FTE workforce</b>	<b>133.7</b>	<b>5.4</b>	<b>139.1</b>	<b>100.0</b>	<b>3.9</b>

Table 29. Estimated multi-region roles for NGO adult alcohol and drug FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	17.5	4.5	22.0	11.0	20.3
Whānau support workers	-	-	-	-	
Other lived experience roles	-	-	-	-	
<b>Total lived experience roles</b>	<b>17.5</b>	<b>4.5</b>	<b>22.0</b>	<b>11.0</b>	<b>20.3</b>
<b>Cultural support roles</b>					
Māori cultural workers	2.3	1.0	3.3	1.7	30.0
Rongoā Māori practitioners	-	-	-	-	
Pasifika cultural workers	-	-	-	-	
<b>Total cultural support roles</b>	<b>2.3</b>	<b>1.0</b>	<b>3.3</b>	<b>1.7</b>	<b>30.0</b>
<b>Other support workers</b>	<b>33.1</b>	<b>2.1</b>	<b>35.2</b>	<b>17.5</b>	<b>6.0</b>
<b>Registered professionals</b>					
Addiction practitioners	42.6	8.0	50.6	25.3	15.8
Māori cultural health professionals	2.0	-	2.0	1.0	-
Nurses	11.3	-	11.3	5.7	-
Other registered professionals	6.1	1.0	7.1	3.5	14.1
<b>Total registered professionals</b>	<b>62.1</b>	<b>9.0</b>	<b>71.1</b>	<b>35.5</b>	<b>12.7</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	2.0	0.3	2.3	1.2	14.6
Kaumātua (male and female)	0.1	-	0.1	0.0	-
Māori cultural advisors	5.3	0.1	5.3	2.7	1.3
Matua	-	1.0	1.0	0.5	100.0
Pasifika cultural advisors	1.0	-	1.0	0.5	-
Managers & team leaders	14.5	0.8	15.3	7.6	4.9
Administrators	39.4	4.5	43.9	21.9	10.2
<b>Total advisors, managers, administrators</b>	<b>62.3</b>	<b>6.7</b>	<b>68.9</b>	<b>34.4</b>	<b>9.6</b>
<b>Total FTE workforce</b>	<b>177.2</b>	<b>23.2</b>	<b>200.4</b>	<b>100.0</b>	<b>11.6</b>

## Appendix E: Estimated NGO adult mental health (including forensic) workforce

The following tables summarise the estimated NGO adult mental health (including forensic) workforce nationally and in each region by role groups including vacancy rates.

Table 30. Estimated NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	243.9	17.2	261.2	6.2	6.6
Whānau support workers	55.9	4.8	60.7	1.4	8.0
Other lived experience roles	16.3	2.7	19.0	0.4	14.0
<b>Total lived experience roles</b>	<b>316.1</b>	<b>24.7</b>	<b>340.8</b>	<b>8.1</b>	<b>7.3</b>
<b>Cultural support roles</b>					
Māori cultural workers	49.6	7.2	56.8	1.3	12.7
Rongoā Māori practitioners	2.2	1.2	3.4	0.1	34.5
Pasifika cultural workers	13.9	0.6	14.5	0.3	3.9
<b>Total cultural support roles</b>	<b>65.8</b>	<b>8.9</b>	<b>74.7</b>	<b>1.8</b>	<b>12.0</b>
<b>Other support workers</b>	<b>2,093.5</b>	<b>288.3</b>	<b>2,381.8</b>	<b>56.5</b>	<b>12.1</b>
<b>Registered professionals</b>					
Addiction practitioners	15.2	2.7	17.8	0.4	14.9
Māori cultural health professionals	119.7	1.5	121.1	2.9	1.2
Nurses	203.3	35.6	238.9	5.7	14.9
Other registered professionals	230.0	64.3	294.3	7.0	21.8
<b>Total registered professionals</b>	<b>568.2</b>	<b>104.0</b>	<b>672.2</b>	<b>15.9</b>	<b>15.5</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	23.4	0.5	24.0	0.6	2.2
Kaumātua (male and female)	25.3	2.5	27.8	0.7	9.0
Māori cultural advisors	21.1	6.4	27.5	0.7	23.3
Matua	1.3	-	1.3	0.0	-
Pasifika cultural advisors	5.0	0.3	5.3	0.1	6.2
Managers & team leaders	413.9	22.0	435.8	10.3	5.0
Administrators	215.8	9.1	225.0	5.3	4.1
<b>Total advisors, managers, administrators</b>	<b>705.8</b>	<b>40.8</b>	<b>746.7</b>	<b>17.7</b>	<b>5.5</b>
<b>Total FTE workforce</b>	<b>3,749.4</b>	<b>466.8</b>	<b>4,216.2</b>	<b>100.0</b>	<b>11.1</b>

Table 31. Northern estimated NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	97.6	8.3	105.9	7.4	7.8
Whānau support workers	12.4	0.7	13.1	0.9	5.3
Other lived experience roles	4.2	0.2	4.4	0.3	4.5
<b>Total lived experience roles</b>	<b>114.2</b>	<b>9.2</b>	<b>123.4</b>	<b>8.6</b>	<b>7.4</b>
<b>Cultural support roles</b>					
Māori cultural workers	8.1	2.7	10.8	0.8	25.0
Rongoā Māori practitioners	0.9	0.3	1.2	0.1	21.3
Pasifika cultural workers	9.6	0.5	10.0	0.7	4.7
<b>Total cultural support roles</b>	<b>18.6</b>	<b>3.4</b>	<b>22.0</b>	<b>1.5</b>	<b>15.5</b>
<b>Other support workers</b>	<b>754.6</b>	<b>98.8</b>	<b>853.4</b>	<b>59.3</b>	<b>11.6</b>
<b>Registered professionals</b>					
Addiction practitioners	3.6	0.2	3.8	0.3	5.2
Māori cultural health professionals	26.2	0.1	26.4	1.8	0.4
Nurses	41.4	10.1	51.5	3.6	19.6
Other registered professionals	85.1	16.1	101.2	7.0	15.9
<b>Total registered professionals</b>	<b>156.4</b>	<b>26.5</b>	<b>182.9</b>	<b>12.7</b>	<b>14.5</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	5.4	0.0	5.4	0.4	0.7
Kaumātua (male and female)	9.7	0.5	10.2	0.7	5.0
Māori cultural advisors	6.9	3.1	10.0	0.7	30.6
Matua	1.1	-	1.1	0.1	-
Pasifika cultural advisors	1.7	0.3	2.0	0.1	13.9
Managers & team leaders	150.9	8.3	159.3	11.1	5.2
Administrators	66.0	2.9	68.8	4.8	4.1
<b>Total advisors, managers, administrators</b>	<b>241.7</b>	<b>15.0</b>	<b>256.8</b>	<b>17.9</b>	<b>5.9</b>
<b>Total FTE workforce</b>	<b>1,285.5</b>	<b>153.0</b>	<b>1,438.5</b>	<b>100.0</b>	<b>10.6</b>

Table 32. Te Manawa Taki estimated NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	43.3	2.3	45.6	4.3	5.0
Whānau support workers	15.4	1.8	17.3	1.6	10.7
Other lived experience roles	3.8	0.2	4.0	0.4	4.9
<b>Total lived experience roles</b>	<b>62.5</b>	<b>4.3</b>	<b>66.8</b>	<b>6.3</b>	<b>6.4</b>
<b>Cultural support roles</b>					
Māori cultural workers	24.5	2.9	27.4	2.6	10.5
Rongoā Māori practitioners	0.6	0.3	1.0	0.1	34.5
Pasifika cultural workers	1.0	0.0	1.1	0.1	3.9
<b>Total cultural support roles</b>	<b>26.2</b>	<b>3.3</b>	<b>29.5</b>	<b>2.8</b>	<b>11.1</b>
<b>Other support workers</b>	<b>513.7</b>	<b>76.1</b>	<b>589.8</b>	<b>55.6</b>	<b>12.9</b>
<b>Registered professionals</b>					
Addiction practitioners	1.8	0.2	2.0	0.2	9.5
Māori cultural health professionals	37.3	0.1	37.4	3.5	0.3
Nurses	49.0	13.8	62.8	5.9	22.0
Other registered professionals	65.5	18.0	83.6	7.9	21.6
<b>Total registered professionals</b>	<b>153.7</b>	<b>32.1</b>	<b>185.8</b>	<b>17.5</b>	<b>17.3</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	6.6	0.0	6.6	0.6	0.6
Kaumātua (male and female)	10.9	1.7	12.6	1.2	13.3
Māori cultural advisors	7.1	2.0	9.0	0.9	21.7
Matua	0.1	-	0.1	0.0	-
Pasifika cultural advisors	2.9	0.0	2.9	0.3	0.8
Managers & team leaders	102.0	3.6	105.6	10.0	3.4
Administrators	50.2	1.4	51.6	4.9	2.7
<b>Total advisors, managers, administrators</b>	<b>179.7</b>	<b>8.7</b>	<b>188.4</b>	<b>17.8</b>	<b>4.6</b>
<b>Total FTE workforce</b>	<b>935.8</b>	<b>124.6</b>	<b>1,060.4</b>	<b>100.0</b>	<b>11.7</b>

Table 33. Central estimated NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	43.6	3.5	47.1	5.8	7.4
Whānau support workers	17.8	0.3	18.0	2.2	1.4
Other lived experience roles	5.5	2.1	7.5	0.9	27.5
<b>Total lived experience roles</b>	<b>66.9</b>	<b>5.8</b>	<b>72.7</b>	<b>9.0</b>	<b>8.0</b>
<b>Cultural support roles</b>				-	
Māori cultural workers	15.7	1.5	17.2	2.1	8.6
Rongoā Māori practitioners	0.7	0.6	1.3	0.2	46.7
Pasifika cultural workers	2.4	0.0	2.4	0.3	0.7
<b>Total cultural support roles</b>	<b>18.8</b>	<b>2.1</b>	<b>20.9</b>	<b>2.6</b>	<b>10.0</b>
<b>Other support workers</b>	<b>370.5</b>	<b>61.7</b>	<b>432.2</b>	<b>53.6</b>	<b>14.3</b>
<b>Registered professionals</b>				-	
Addiction practitioners	2.1	0.1	2.2	0.3	3.4
Māori cultural health professionals	40.5	1.0	41.5	5.1	2.5
Nurses	28.4	5.3	33.7	4.2	15.7
Other registered professionals	48.4	18.5	66.9	8.3	27.6
<b>Total registered professionals</b>	<b>119.4</b>	<b>24.9</b>	<b>144.2</b>	<b>17.9</b>	<b>17.2</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	5.8	0.0	5.8	0.7	0.3
Kaumātua (male and female)	4.1	0.2	4.3	0.5	4.5
Māori cultural advisors	2.3	0.3	2.6	0.3	11.8
Matua	0.0	-	0.0	0.0	-
Pasifika cultural advisors	0.3	0.0	0.3	0.0	3.4
Managers & team leaders	78.3	7.4	85.7	10.6	8.6
Administrators	35.3	2.3	37.6	4.7	6.2
<b>Total advisors, managers, administrators</b>	<b>126.1</b>	<b>10.2</b>	<b>136.3</b>	<b>16.9</b>	<b>7.5</b>
<b>Total FTE workforce</b>	<b>701.7</b>	<b>104.7</b>	<b>806.4</b>	<b>100.0</b>	<b>13.0</b>

Table 34. Te Waipounamu estimated NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	59.4	3.2	62.6	7.2	5.1
Whānau support workers	10.3	2.0	12.3	1.4	16.6
Other lived experience roles	2.8	0.2	3.0	0.3	6.1
<b>Total lived experience roles</b>	<b>72.5</b>	<b>5.4</b>	<b>77.9</b>	<b>9.0</b>	<b>6.9</b>
<b>Cultural support roles</b>					
Māori cultural workers	1.3	0.1	1.4	0.2	9.7
Rongoā Māori practitioners	0.0	0.0	0.0	0.0	34.5
Pasifika cultural workers	1.0	0.0	1.0	0.1	3.9
<b>Total cultural support roles</b>	<b>2.2</b>	<b>0.2</b>	<b>2.4</b>	<b>0.3</b>	<b>7.3</b>
<b>Other support workers</b>	<b>448.3</b>	<b>50.1</b>	<b>498.4</b>	<b>57.4</b>	<b>10.1</b>
<b>Registered professionals</b>					
Addiction practitioners	1.8	0.2	2.0	0.2	9.2
Māori cultural health professionals	15.7	0.2	15.9	1.8	1.3
Nurses	83.1	6.4	89.5	10.3	7.2
Other registered professionals	30.9	11.7	42.6	4.9	27.5
<b>Total registered professionals</b>	<b>131.5</b>	<b>18.5</b>	<b>150.0</b>	<b>17.3</b>	<b>12.3</b>
<b>Advisors, managers, administrators</b>					
Consumer advisors	5.7	0.4	6.1	0.7	7.1
Kaumātua (male and female)	0.5	0.1	0.6	0.1	17.8
Māori cultural advisors	2.8	1.1	3.9	0.4	28.0
Matua	0.1	-	0.1	0.0	-
Pasifika cultural advisors	0.2	0.0	0.2	0.0	11.0
Managers & team leaders	78.1	2.2	80.3	9.2	2.7
Administrators	47.5	1.5	49.1	5.6	3.2
<b>Total advisors, managers, administrators</b>	<b>134.9</b>	<b>5.4</b>	<b>140.3</b>	<b>16.1</b>	<b>3.8</b>
<b>Total FTE workforce</b>	<b>789.3</b>	<b>79.6</b>	<b>868.9</b>	<b>100.0</b>	<b>9.2</b>

Table 35. Estimated multi-region roles for NGO adult mental health (including forensic) FTE employed and vacant workforce, on 31 March 2022

Role group	FTEs employed	FTEs vacant	Total workforce (FTEs)	Share of workforce (%)	Vacancy rate (%)
<b>Lived experience roles</b>					
Peer support workers	-	-	-	-	-
Whānau support workers	-	-	-	-	-
Other lived experience roles	-	-	-	-	-
<b>Total lived experience roles</b>	-	-	-	-	-
<b>Cultural support roles</b>					-
Māori cultural workers	-	-	-	-	-
Rongoā Māori practitioners	-	-	-	-	-
Pasifika cultural workers	-	-	-	-	-
<b>Total cultural support roles</b>	-	-	-	-	-
<b>Other support workers</b>	6.5	1.5	8.0	18.9	18.9
<b>Registered professionals</b>					
Addiction practitioners	5.8	2.0	7.8	18.5	25.7
Māori cultural health professionals	-	-	-	-	-
Nurses	1.5	-	1.5	3.6	-
Other registered professionals	-	-	-	-	-
<b>Total registered professionals</b>	7.3	2.0	9.3	22.0	21.6
<b>Advisors, managers, administrators</b>					
Consumer advisors	-	-	-	-	-
Kaumātua (male and female)	-	-	-	-	-
Māori cultural advisors	2.0	-	2.0	4.8	-
Matua	-	-	-	-	-
Pasifika cultural advisors	-	-	-	-	-
Managers & team leaders	4.5	0.5	5.0	11.9	10.0
Administrators	16.9	1.0	17.9	42.4	5.6
<b>Total advisors, managers, administrators</b>	23.4	1.5	24.9	59.1	6.0
<b>Total FTE workforce</b>	<b>37.1</b>	<b>5.0</b>	<b>42.1</b>	<b>100.0</b>	<b>11.9</b>



## Appendix F: NGO adult workforce changes since 2018

The following tables compare the 2022 workforce estimates with those from 2018, for employed and vacant workforce and employed workforce only.

### Adult alcohol and drug and mental health workforce

Table 36. Comparison of 2018 and 2022 NGO adult alcohol and drug and mental health (including forensic) workforce (employed and vacant) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	376.7	452.1	75.4	20.0
Other support workers	2,304.6	2,652.8	348.2	15.1
Addiction practitioners	347.4	320.3	-27.1	-7.8
Nurses	173.9	283.5	109.6	63.0
Other registered professionals	434.4	467.3	32.9	7.6
Managers & advisors	572.8	641.8	69.0	12.0
Administrators	346.2	347.3	1.1	0.3
<b>Total FTE workforce</b>	<b>4,556.0</b>	<b>5,165.1</b>	<b>609.1</b>	<b>13.4</b>

Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals.

Table 37. Comparison of 2018 and 2022 NGO adult alcohol and drug and mental health workforce (employed only) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	367.4	417.3	49.9	13.6
Other support workers	2,181.7	2,331.2	149.5	6.9
Addiction practitioners	312.8	279.9	-32.9	-10.5
Nurses	168.6	244.8	76.2	45.2
Other registered professionals	421.4	396.9	-24.5	-5.8
Managers & advisors	558.4	604.2	45.8	8.2
Administrators	339.1	330.3	-8.8	-2.6
<b>Total FTE workforce</b>	<b>4,349.5</b>	<b>4,604.8</b>	<b>255.3</b>	<b>5.9</b>

Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals.

## Adult alcohol and drug workforce

Table 38. Comparison of 2018 and 2022 NGO adult alcohol and drug workforce (employed and vacant) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	64.8	111.3	46.5	71.7
Other support workers	170.5	196.3	25.8	15.1
Addiction practitioners	322.5	302.4	-20.1	-6.2
Nurses	31.0	44.6	13.6	44.0
Other registered professionals	119.2	51.9	-67.3	-56.5
Managers & advisors	101.2	120.1	18.9	18.7
Administrators	68.4	122.3	53.9	78.8
<b>Total FTE workforce</b>	<b>877.5</b>	<b>948.9</b>	<b>71.4</b>	<b>8.1</b>

Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals.

Table 39. Comparison of 2018 and 2022 NGO adult alcohol and drug workforce (employed only) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	60.7	101.2	40.5	66.8
Other support workers	163.4	171.9	8.5	5.2
Addiction practitioners	293.0	264.7	-28.3	-9.6
Nurses	28.6	41.5	12.9	45.1
Other registered professionals	117.7	47.2	-70.5	-59.9
Managers & advisors	92.5	114.2	21.7	23.5
Administrators	67.2	114.5	47.3	70.4
<b>Total FTE workforce</b>	<b>823.2</b>	<b>855.4</b>	<b>32.2</b>	<b>3.9</b>

Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals.

## Adult mental health workforce

Table 40. Comparison of 2018 and 2022 NGO adult mental health (including forensic) workforce (employed and vacant) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	311.9	340.8	28.9	9.3
Other support workers	2,134.1	2,456.5	322.4	15.1
Addiction practitioners	24.9	17.8	-7.1	-28.4
Nurses	142.9	238.9	96.0	67.2
Other registered professionals	315.2	415.4	100.2	31.8
Managers & advisors	471.6	521.7	50.1	10.6
Administrators	277.8	225.0	-52.8	-19.0
<b>Total FTE workforce</b>	<b>3,678.4</b>	<b>4,216.2</b>	<b>537.8</b>	<b>14.6</b>
Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals				

Table 41. Comparison of 2018 and 2022 NGO adult mental health (including forensic) workforce (employed only) showing FTE and proportionate growth

Role group	2018 FTE workforce	2022 FTE workforce	FTE growth	Growth (%)
Lived experience workers	306.7	316.1	9.4	3.0
Other support workers	2,018.2	2,159.3	141.0	7.0
Addiction practitioners	19.8	15.2	-4.6	-23.5
Nurses	140.0	203.3	63.4	45.3
Other registered professionals	303.7	349.7	46.0	15.1
Managers & advisors	465.9	490.0	24.0	5.2
Administrators	271.9	215.8	-56.0	-20.6
<b>Total FTE workforce</b>	<b>3,526.3</b>	<b>3,749.4</b>	<b>223.1</b>	<b>6.3</b>
Note: Role groups used in each survey differ, so some 2022 groups have been aggregated. Lived experience workers include peer and whānau support workers and other lived experience workers. Other support workers include Māori and Pasifika cultural support workers and support workers. Other registered professionals include Māori cultural and health professionals and other professionals				

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