



Social Workers Registration Board

Kāhui Whakamana Tauwhiro

Annual Social Worker Workforce Report 2023

Spotlight Report:
Social workers employed in
health/hauora organisations

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He ara pūkenga, he ara tauwhiro, hei whakamana mātā waka

The many pathways of knowledge, the many pathways of social work, upholding the dignity of all

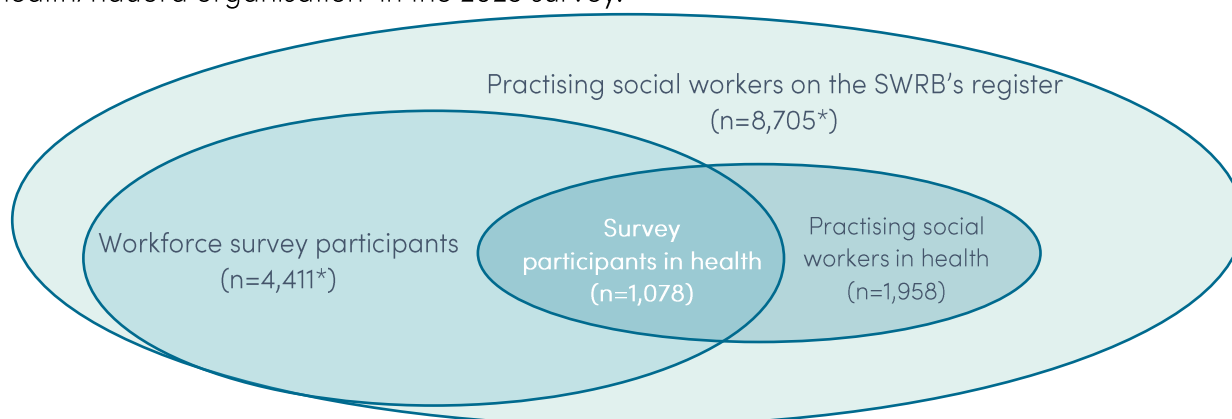
Introduction – the SWRB’s Annual Social Worker Workforce Survey

Every year, the Social Workers Registration Board (SWRB) collects data from the social worker workforce through the Social Worker Workforce Survey. The purpose of the survey is to understand the composition of the current practising social worker workforce. Social workers are invited to share information about their role, experiences, opinions, and beliefs about their work and the wider profession. The survey enables the SWRB to build an evidence base to support workforce planning and decision-making.

This 2023 Spotlight Report sits alongside the Annual Social Worker Workforce Report¹ 2023 and covers a subset of social workers who report that they are employed by a health/hauora-related organisation. Additional Spotlight reports are available covering social workers who report working for other employers such as Oranga Tamariki and non-government organisations (NGOs).

All social workers who renewed their annual Practising Certificates from May through to July 2023 were invited to participate in the annual workforce survey. Responses were received from 4,411 social workers out of a total of 8,705 actively practising social workers on the SWRB’s register at the time, representing a 51% response rate.

Close to a quarter of survey participants (23%, or 1,004 social workers) reported that they work for a health organisation. An additional 74 participants reported that they are employed by an iwi-based/kaupapa Māori or Pacific health organisation and have been added to the sample. A total of **1,078 social worker participants** reported that they are employed by a health/hauora organisation² in the 2023 survey.



*Register totals as of 30 June 2023; survey sample collected May to July 2023.

¹ <https://swrb.govt.nz/building-sustainable-workforce/>

² In 2022/23, the Pae Ora (Healthy Futures) restructure of the New Zealand health system merged the functions of 20 DHBs into Te Whatu Ora, which leads the day-to-day running of the health system for the whole country. In the past, we have reported by 'DHB' as an employer type category. For 2023, we use a collective 'health/hauora' employer type category that includes Te Whatu Ora, Te Aka Whai Ora, DHBs (which are still used as interim employment entities during this transition phase), PHOs, iwi-based/kaupapa Māori health organisations, and Pacific health organisations.

The sample subset who reported being employed in health aligns with the proportion of the full practising workforce of social workers (21%, or 1,817 of the total 8,705 social workers practising in FY2022/23).

The 2023 Annual Workforce Survey followed the same four core domains as previous years:

- Workforce composition
- Workforce sustainability
- Knowledge and skill development
- Employer support.

An additional fifth domain 'standing of the profession' was added in 2022, and for 2023 a sixth domain covering safety and conduct was also included. Tailoring these extra domains each year allows for a deeper understanding of topical issues at the time of the survey. It helps the SWRB, as an occupational regulator, to further our understanding of how registration supports public safety.

This Health/Hauora Spotlight Report provides responses from social workers in health across these six domains. Many of the survey questions invited social workers to give feedback and reasons for their answers, reflecting the social worker voice alongside statistical findings.

Summary of key findings – Social workers in health/hauora organisations

This report focuses on the **1,078** social workers in the survey who report that they are employed by a health/hauora organisation at the time of the survey.

- The health sector is the third largest employer category for social workers across Aotearoa, after NGOs and Oranga Tamariki.
- Te Whatu Ora – Health NZ is the largest single employer of social workers within health (85%).

Our understanding of health social worker workforce composition is growing.

- Social workers in health and the wider practising workforce have a higher proportion of Māori and Pacific peoples than the general population.
- The percentage of male social workers in health is slightly higher than male representation in the full workforce (16% compared with 14%). Male social workers in health tend to work in mental health and addictions services.
- The health social worker workforce is aging with a peak age group of 50–59 years (29%). Close to a quarter of social workers in health are aged 60 or above, consistent with the full social worker workforce, highlighting that loss to retirement will continue to be an issue for health workforce sustainability.
- Two percent of health social workers indicated that they have a permanent disability or long-term condition that affects their ability to carry out everyday activities.

Health social workers work in a range of settings, and most hold a qualification.

- A high proportion of health social workers (65%) are employed in hospital-based health services.
- Nearly half work in mental health (46%), and a quarter report that they focus on physical health and disability (24%).
- Most social workers in health work in urban or suburban areas (82%). Only 10% work in rural areas.
- The primary client groups for social workers in health were adults aged 18 and over (47%).
- Most (74%) work full-time, over 35 hours a week; 25% work part-time.
- The majority (84%) gained their registration to practise social work in Aotearoa New Zealand with a New Zealand-approved qualification.
- A higher proportion of social workers in health describe themselves as experienced compared to the full survey sample (71% and 58%, respectively).
- The proportion of social workers in health describing themselves as being in leadership positions (12%) is lower than the full survey sample (15%). Ten percent of health social workers describe themselves as beginning practitioners.

Knowledge and skills development opportunities are identified by health social workers.

- The most noted areas for knowledge and skill development were working with Māori and other ethnic and cultural groups.
- Social workers in health also identified the need for development in relation to skills for managing complexity and ethical practice dilemmas.

Workforce sustainability needs attention from employers in health.

- 17% of participants report plans to leave the profession in the next five years, signalling a loss of over 180 social workers from the health sector.
- Close to half of social workers in health who intend to leave the profession cited retirement as their reason (48%). Social workers employed in health were more likely than those employed by other organisations cite burnout, high workload, and lack of career progression as their reasons for leaving the profession.
- Making a positive difference to people's lives remains the highest ranked motivation for entering and remaining in the profession.
- Costs of being a regulated professional and salary were identified as the main barriers to entering or re-entering the social work profession.
- The overall salary distribution for social workers in health trends lower than for other employers.

Health employers support practitioners in a variety of ways.

- The provision of professional reflective supervision is noted as the most common form of employer support for health social workers, followed by training and skills development and understanding obligations as a registered social worker.
- The majority of social workers in health have their registration fees and their annual practising certificate renewal fees paid (in full or in part) by their employers.
- Less than half of social workers in health report that their employer provides a supportive and safe working environment. Many social workers commented about abuse from clients as contributing to their feeling unsafe in their work.

Health social workers believe that the standing of the profession has lifted but challenges remain.

- Half of social workers in health thought that the profession is more respected since mandatory registration came into effect in February 2021.
- Media coverage relating to social work is regarded by many as having a negative impact on public trust and confidence in the social work profession.
- Recruitment and retention were reported as the biggest challenges across the social work profession by health social workers. Pay parity was cited as a challenge by more social workers in health than the full survey sample.

Health employers show a growing focus on safe and accountable conduct.

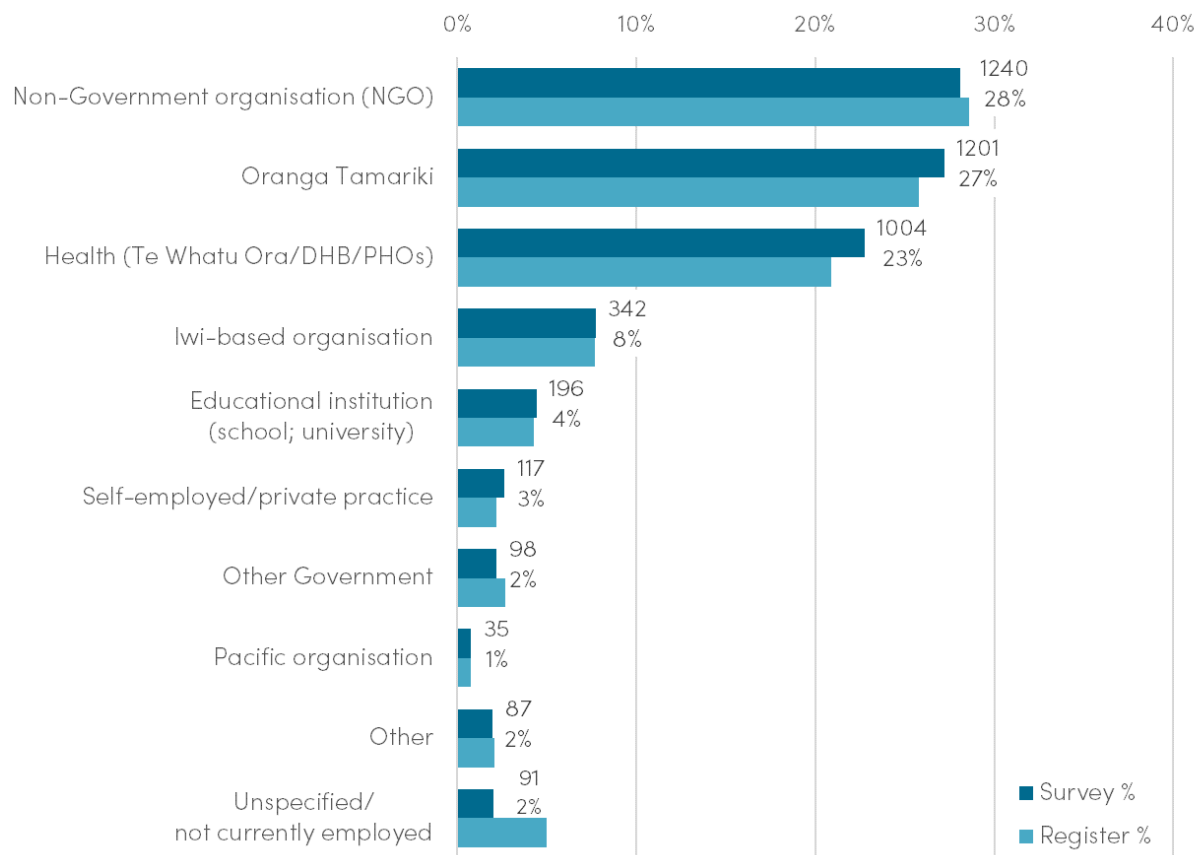
- The majority of social workers in health (90%) were confident their employer has adequate policies and procedures in place to deal appropriately and safely with serious issues with a social worker's practice and/or conduct.
- Almost all social workers in health (95%) said they would raise concerns about another social worker's practice and/or conduct with the SWRB (where it was not possible to resolve the issue with the employer).

Section 1A – Health workforce composition – Organisation type

This report focuses on the 1,078 social workers in the survey who report that they are employed by a health/hauora organisation at the time of the survey³. This subgroup is comprised of those employed by Te Whatu Ora, DHB and PHOs (1,004 participants), and an additional 74 participants who report being employed by an iwi-based/kaupapa Māori or Pacific health organisation.

The chart below shows the distribution of survey participants by employer type and confirms that our workforce survey sample closely resembles the distribution of practising social workers in New Zealand.

FIGURE 1. SOCIAL WORKERS BY EMPLOYER TYPE 2023



In reporting by employer type, the SWRB acknowledges the ‘real world’ overlap between employer categories. Many employer types (particularly those delivering community-based, iwi-based and services for Pacific Peoples) deliver both social and health services. For the purposes of this analysis, employers are reported as a single category which means a social

³ In 2022/23, the Pae Ora (Healthy Futures) restructure of the New Zealand health system merged the functions of 20 DHBs into Te Whatu Ora, which leads the day-to-day running of the health system for the whole country. In the past, we have reported by ‘DHB’ as an employer type category. For 2023, we use a collective ‘health/hauora’ employer type category that includes Te Whatu Ora, Te Aka Whai Ora, DHBs (which are still used as interim employment entities during this transition phase), PHOs, iwi-based/kaupapa Māori health organisations, and Pacific health organisations.

worker's place of employment is assigned to a single category which is the best fit, for example NGO or health/hauora.

Most social workers in health/hauora are employed by Te Whatu Ora (85%), and the remainder are employed by PHOs (8%), iwi-based health organisations (5%) and Pacific health organisations (2%). Of those working for Te Whatu Ora who gave additional detail about their employer, over a quarter report that they are employed by Te Whatu Ora – Northern (28%). The distribution of social workers who responded to the survey closely aligns with the full practising workforce who work in health, as shown in the table below.

TABLE 1. EMPLOYER TYPES – SOCIAL WORKERS IN HEALTH 2023

Organisation type	Number of participants working in health	Number of practising workforce working in health	Survey working in health %	Practising workforce working in health %
Te Whatu Ora - Total	921	1685	85%	86%
<i>Te Whatu Ora - Northern</i>	296	577	28%	30%
<i>Te Whatu Ora - Te Manawa Taki</i>	156	320	15%	16%
<i>Te Whatu Ora - Central</i>	196	346	18%	18%
<i>Te Whatu Ora - Te Waipounamu</i>	253	393	24%	20%
<i>Te Whatu Ora - National</i>	20	49	2%	3%
Te Aka Whai Ora	-	3	-	0%
PHOs	83	130	8%	7%
Iwi-based health organisation	50	100	5%	5%
Pacific health organisation	24	40	2%	2%
Total	1078	1958		

Section 1B – Health workforce composition – Demographics

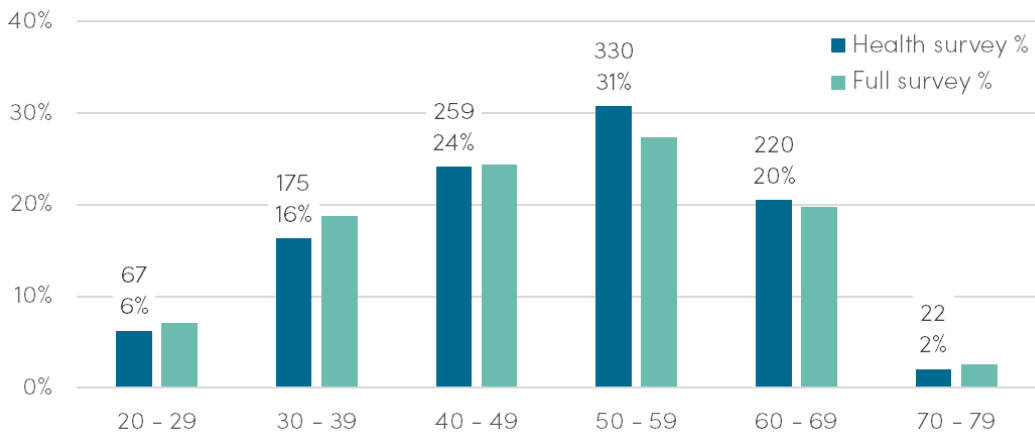
The demographic information provided by survey participants gives a picture of the current social worker workforce in health/hauora. This includes age distribution, gender, ethnicity, and geographic region. In 2023, questions about experience of disability were added to the survey.

The survey sample of social workers in health closely resembled the demographic profile of the full survey and of the 'active' workforce of social workers with a current practising certificate for the 2022/23 financial year, as shown in Appendix 1. This gives confidence that the results of this survey are representative of practising social workers employed in health/hauora across Aotearoa New Zealand.

1.1 Age

The average age of social workers employed in health/hauora is 50 years old. The chart below shows the distribution of social workers in health across age groups. This age distribution matches that of the full workforce, with the peak age group being 50-59 years (31% of survey participants working in health). Close to a quarter of social workers in health are aged 60 or above, consistent with the full social worker workforce, and highlighting that loss to retirement will continue to be an issue for health workforce sustainability.

FIGURE 2. AGE GROUP DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023



1.2 Gender

The majority of social workers in health who participated in the survey identified as female (83%), consistent with the gender distribution of all practising social workers in Aotearoa New Zealand.

FIGURE 3. GENDER DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023

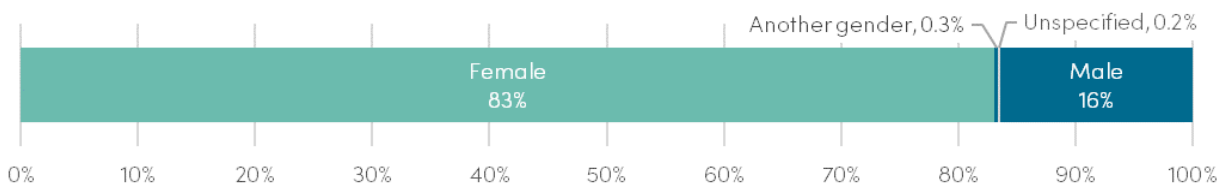


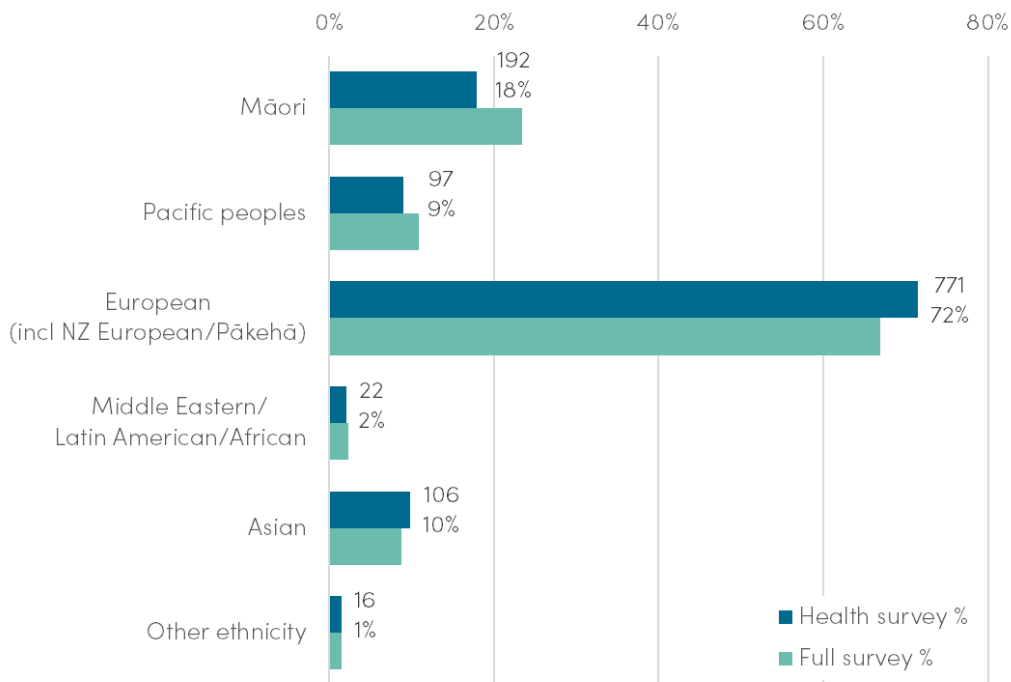
TABLE 2. GENDER DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023

Gender	Number of participants working in health	Survey participants working in health %
Female	1611	83%
Male	340	16%
Another gender	5	0.3%
Unspecified	2	0.2%
Total	1078	

1.3 Ethnicity

The largest ethnic group for social workers in health in the survey was European (72%), followed by Māori (19%). One in ten social workers in health identify as Pacific Peoples (9%). The ethnic distribution of survey participants closely resembles that of the full practising social work workforce in New Zealand, which gives us confidence in the representativeness of our sample (see Appendix 1 for a full description of survey and workforce data representativeness for social workers in health).

FIGURE 4. ETHNICITY DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023



*Participants can identify with more than one ethnic group, so totals exceed the sample of 1078

The table below shows the ethnic distribution of the workforce survey sample compared to the most recent census of the NZ population (2018). This comparison shows that in 2023, social workers in health and the wider practising workforce have a higher proportion of Māori and Pacific peoples than the general population.

TABLE 3. ETHNICITY DISTRIBUTION – SOCIAL WORKERS IN HEALTH, COMPARING TO FULL SAMPLE, WORKFORCE 2023 AND POPULATION CENSUS 2018

Ethnicity	2023 Social workers in health	2023 Full practising workforce	2018 Census ⁴
Māori	19%	24%	16.5%
Pacific peoples	10%	12%	8.1%
European (incl. NZ European)	66%	64%	70.2%
Middle Eastern / Latin American / African	2%	3%	1.5%
Asian	12%	10%	15.1%
Other ethnicity	1%	2%	1.2%

* Both Census and workforce survey use ‘total response’ ethnicity calculations, allowing participants to identify more than one ethnic group. Totals will add to more than 100%.

1.4 Disabilities

In 2023, to better align with Government target populations, the SWRB added a survey question about disability. This builds an understanding of how the workforce reflects the general population, and how those with specific needs might be better supported.

In 2023, two percent of survey participants employed in health indicated that they have a permanent disability or long-term condition that affects their ability to carry out everyday activities. This corresponds to a total of 20 participants in the sample of social workers in health.

1.5 Region

The geographic distribution of social workers in health is shown in Table 4 below, and closely aligns with the distribution of the full survey and full practising workforce. The geographic distribution of the survey sample also closely aligns with the NZ population, except for Auckland which has a lower proportion in the sample (Table A5, Appendix 1).

Please note, this geographic distribution is based on a social worker’s residential address as recorded in the SWRB’s register. This may not always reflect the full coverage of area(s) where they work.

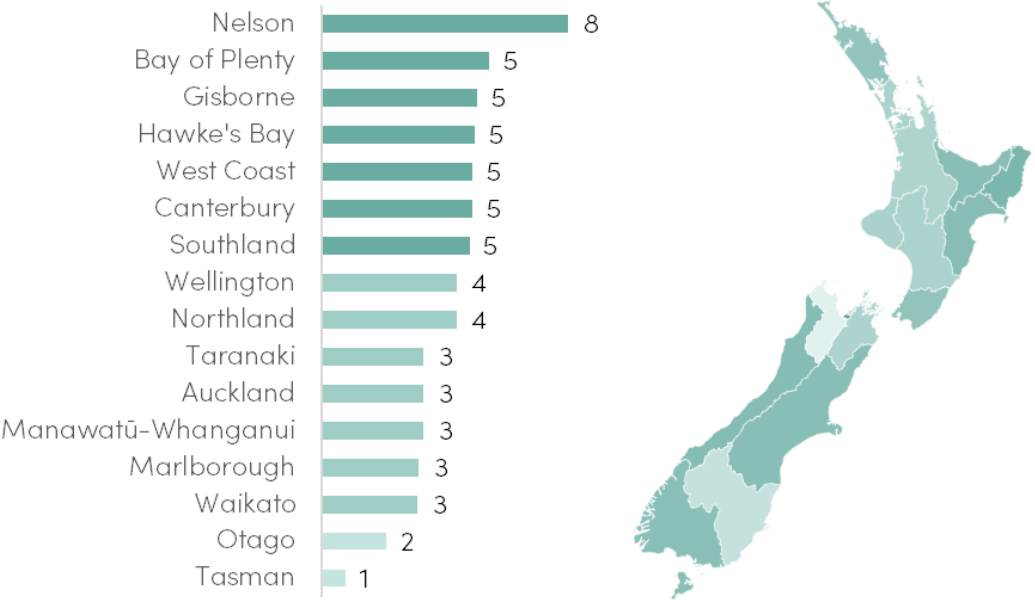
⁴ <https://www.stats.govt.nz/news/ethnic-group-summaries-reveal-new-zealands-multicultural-make-up/>

TABLE 4. GEOGRAPHIC DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023

Region	Survey working in health %	Full survey %	Full practising workforce %	Number of survey participants working in health	Number of full survey participants	Number of full practising workforce
Northland	5%	5%	5%	57	227	450
Auckland	28%	28%	29%	298	1251	2538
Waikato	8%	8%	8%	84	363	711
Bay of Plenty	7%	8%	8%	71	336	692
Gisborne	1%	2%	2%	15	64	143
Hawke's Bay	5%	4%	4%	50	192	369
Taranaki	3%	3%	3%	28	118	215
Manawatū-Wanganui	5%	5%	5%	52	237	408
Wellington	12%	11%	12%	134	498	1006
Tasman	0%	1%	0%	4	26	38
Nelson	3%	2%	2%	34	91	167
Marlborough	1%	1%	1%	11	42	66
West Coast	1%	1%	1%	11	23	49
Canterbury	16%	15%	14%	168	656	1225
Otago	4%	4%	3%	41	191	249
Southland	2%	2%	3%	19	93	264
Unspecified/International	0%	0%	1%	1	3	115
Total				1078	4411	8705

The figure below shows the geographic distribution of practising social workers employed by health in New Zealand. This uses data from the full SWRB register, and calculates the number of practising social workers employed in health per 10,000 population. This sits alongside the per capita geographic distribution of all practising social workers in New Zealand, as shown in the full workforce survey report⁵.

FIGURE 5. GEOGRAPHIC DISTRIBUTION 2023 – PRACTISING SOCIAL WORKERS EMPLOYED IN HEALTH PER 10,000 POPULATION



⁵ <https://swrb.govt.nz/building-sustainable-workforce/>

Section 1C: Health workforce composition – Qualifications, experience and role

This section describes the composition of the health/hauora social work workforce by registration pathway, and time since registration. It includes information from social workers in health about their current role and employment situation, primary client group, and field of practice.

1.6 Pathway to registration and qualifications

Most social workers in health gained their registration with a NZ-approved qualification (84%), or an overseas-approved qualification (15%). Of those social workers in health with qualifications received overseas, the most common countries were the United Kingdom, India, South Africa or the United States. Two percent of social workers in health were registered through the S13 Experience Pathway⁶.

TABLE 5. PATHWAY TO REGISTRATION – SOCIAL WORKERS IN HEALTH 2023

Pathway	Number of participants working in health	Survey participants working in health %
NZ-approved qualification	901	84%
Overseas-approved qualification (incl. Australia)	161	15%
S13 Experience pathway	16	2%
Total	1078	100%

Almost all survey participants working in health held a qualification in 2023 (98%), with four out of five participants reporting a level 7 tertiary qualification or above (82%).

TABLE 6. QUALIFICATIONS – SOCIAL WORKERS IN HEALTH 2023

Tertiary qualification level	Number of participants working in health	Survey participants working in health %
1-6 Certificates/diplomas ⁷	179	17%
7 Grad certificates/diplomas/Bachelor's	576	54%
8 PG Cert/Dip/Bachelor's (Hons)	109	10%
9 Master's	193	18%
10 Doctoral	0	0%
Unspecified/None	18	2%
Total	1078	

⁶ <https://swrb.govt.nz/registration/experience-pathway-s13/>

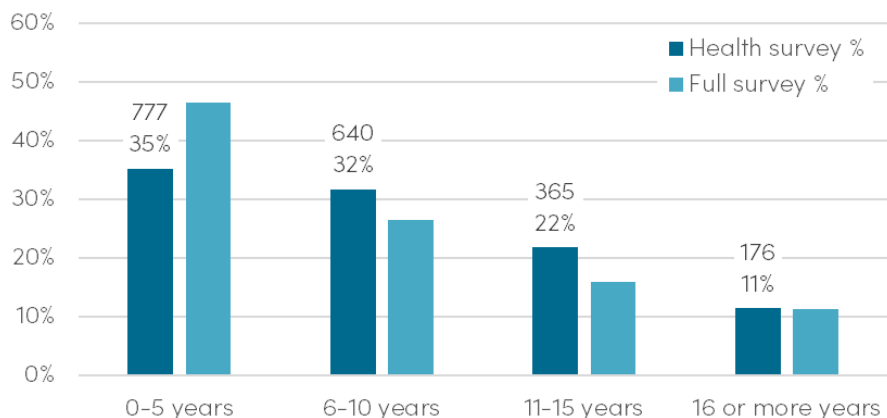
⁷ The SWRB's register includes a number of specific historic certificates and diplomas which were recognised in the time before registration became mandatory in February 2021.

1.7 Years since joining the SWRB register

Two-thirds of social workers in health who participated in the survey have been registered with the SWRB for more than five years (65%), which is higher than the full survey (54% of whom have been registered for six or more years, see figure below).

The remainder have been registered for five years or fewer. Of those who registered in the last five years, a significant number registered when it became mandatory in February 2021. They may have been practising for some time beforehand.

FIGURE 6. YEARS SINCE JOINING THE SWRB REGISTER – SOCIAL WORKERS IN HEALTH 2023



1.8 Level of experience and responsibility

Social workers were asked which category in the chart below best describes their level of experience/responsibility. Seven in ten social workers in health described themselves as ‘experienced practitioners’ (71%), and ten percent described themselves as ‘beginning practitioners’. Twelve percent of participants described themselves as practice lead/team leader/line managers. A higher proportion of social workers in health describe themselves as experienced compared to the full survey sample (71% and 58%, respectively).

FIGURE 7. LEVEL OF EXPERIENCE AND RESPONSIBILITY – SOCIAL WORKERS IN HEALTH 2023

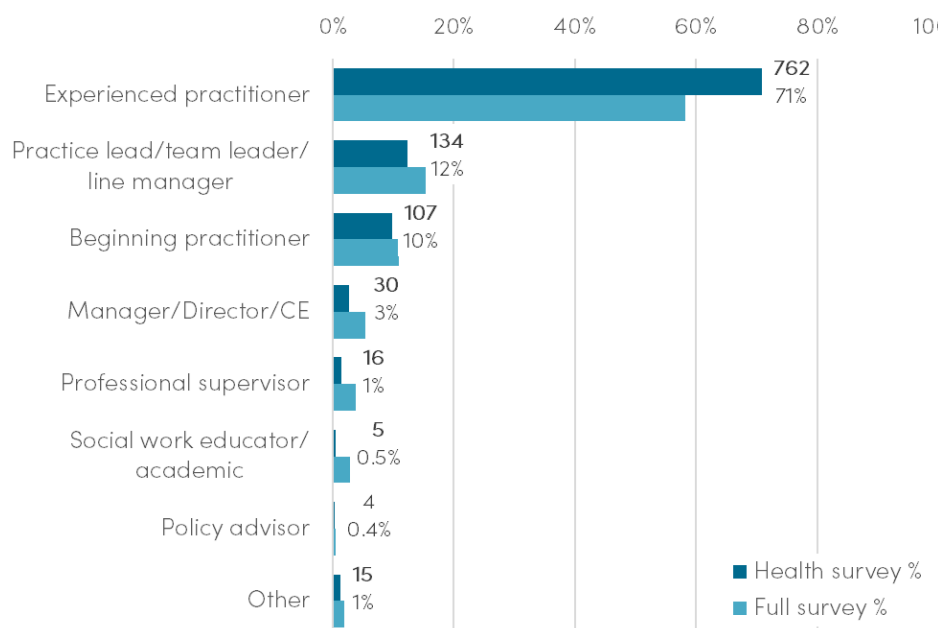
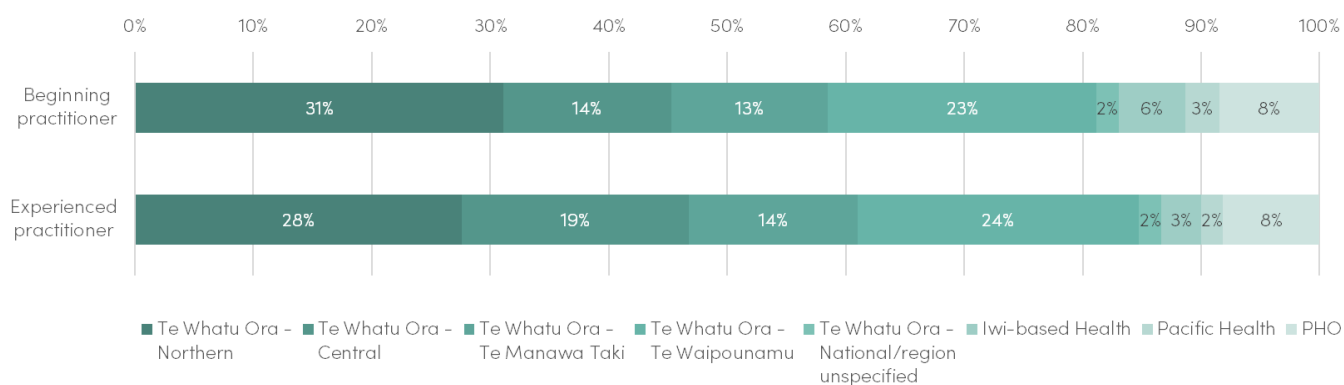


FIGURE 8. LEVEL OF EXPERIENCE AND RESPONSIBILITY – SOCIAL WORKERS IN HEALTH 2023, BY TE WHATU ORA REGION/ORGANISATION TYPE



1.9 Sector or setting of work

Close to two-thirds of social workers in health report that their work takes place in hospital-based health services (65%). Fifteen percent work in primary health care.

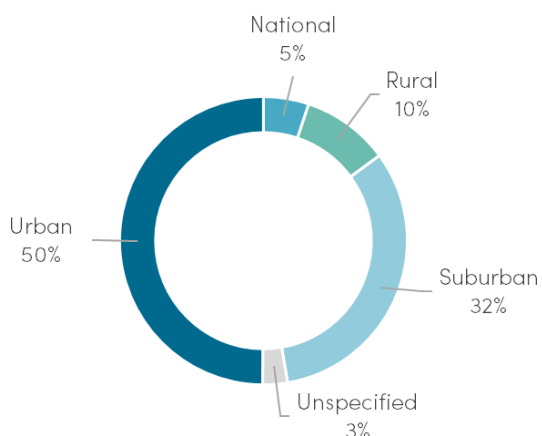
TABLE 7. SECTOR OR SETTING OF WORK – SOCIAL WORKERS IN HEALTH 2023

Setting/sector of service delivery	Number of participants working in health	Survey working in health %
Hospital-based health services	696	65%
Primary health care (community-based health services)	164	15%
Community-based organisation/NGOs	67	6%
Other Govt agency (such as Manatū Hauora (MOH), Corrections, Police, MBIE and others)	44	4%
Kaupapa Māori/iwi-based social services	33	3%
Private practice	5	1%
Social work education	1	0%
Other setting/sector	56	5%
Unspecified	12	1%
Total	1078	100%

1.9 Current role – rural/urban and full-time/part-time

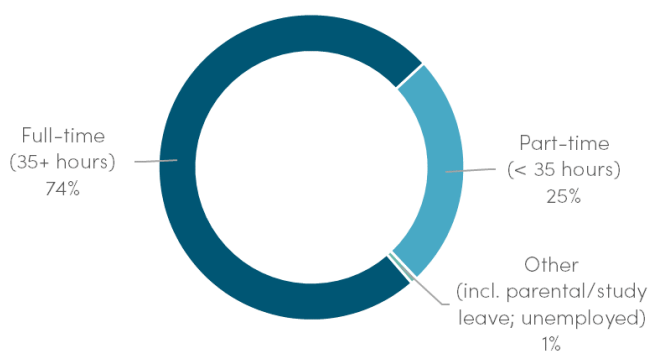
In 2023, most social workers in health reported working in urban (50%) or suburban areas (32%). One in ten reported working in rural areas (10%), five percent report that their work is national (covering the whole country). The population areas of work for social workers in health match those of the full survey sample.

FIGURE 9. POPULATION AREA OF WORK – SOCIAL WORKERS IN HEALTH 2023



In 2023, 74% of social workers in health report that they work full-time, that is over 35 hours a week. One in four report that they work part-time (25%). A slightly higher proportion of social workers in health work part-time compared to the full survey sample (25% and 20%, respectively).

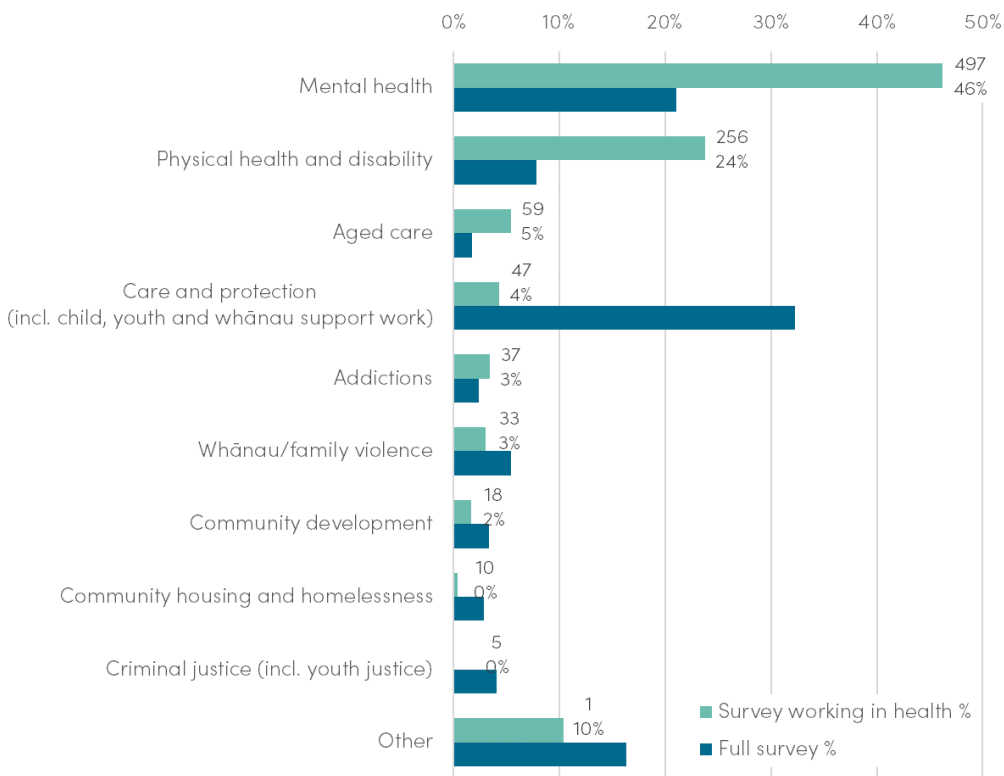
FIGURE 10. CURRENT WORK STATUS – SOCIAL WORKERS IN HEALTH 2023



1.10 Field of practice

Survey participants were asked about the main focus or field of practice in which they work. Close to half of social workers in health report that the focus of their work is mental health (46%), and a quarter report that they focus on physical health and disability (24%). Ten percent of social workers in health indicated 'other' for their main field of practice, and text analysis shows that these participants work in areas such as sexual violence and trauma, sexual harm and trauma, and cancer care and support. Another subset of participants considered their work to be too wide in scope to fit any one of the categories provided. The SWRB continues to refine its survey questions and will use this year's findings to review and update these categories for future surveys.

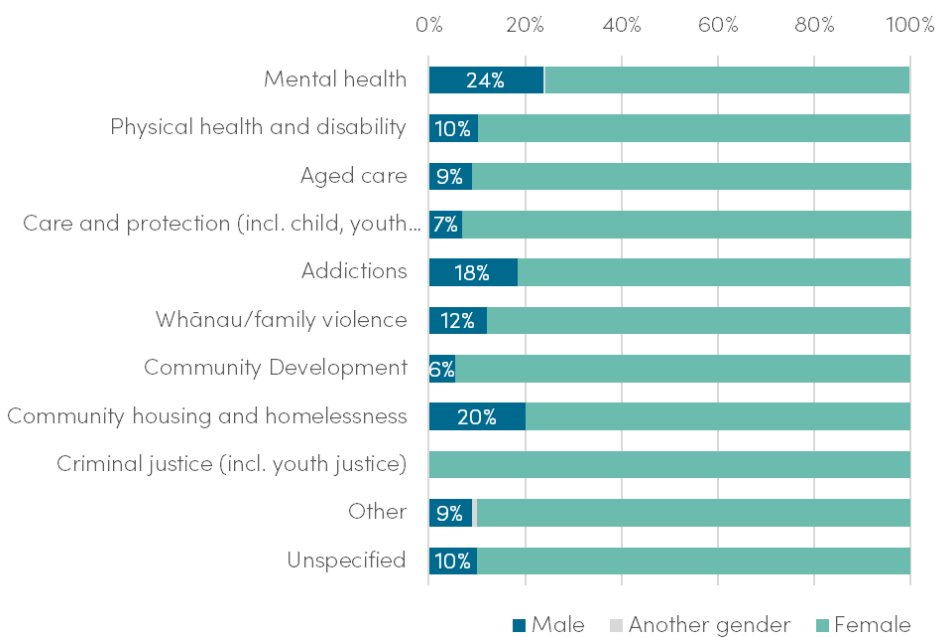
FIGURE 11. FIELD OF PRACTICE – SOCIAL WORKERS IN HEALTH 2023



Field of practice – by gender

Social work is a profession with a relatively low proportion of male representation (15% of social workers in health). The chart below shows the fields of practice where male social workers tend to work, namely mental health (24% of the health workforce is male), community housing and homelessness (20% male) and addictions (18% male).

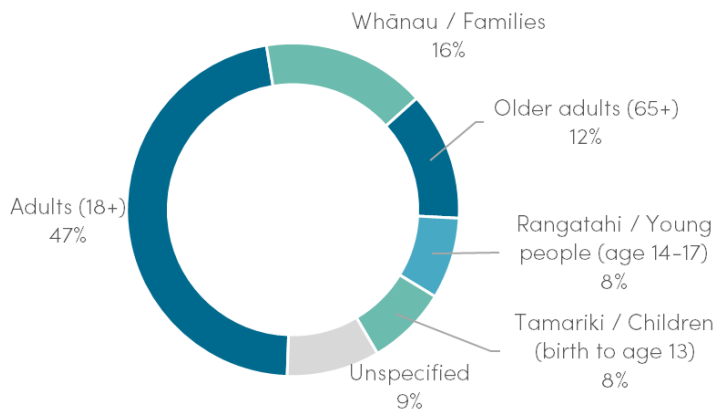
FIGURE 12. FIELD OF PRACTICE – SOCIAL WORKERS IN HEALTH 2023, BY GENDER



1.11 Primary client group

When asked about their primary client group or focus of their practice, almost half of social workers in health said adults aged 18 and over (47%), and a further 16% said whānau/families. A combined total of 16% of social workers in health mainly work with rangatahi and tamariki, which is much lower than the combined total for the full survey sample (32% of whom work with rangatahi and tamariki).

FIGURE 13. PRIMARY CLIENT GROUP – SOCIAL WORKERS IN HEALTH 2023



Section 2 – Workforce Sustainability

This section explores factors related to the sustainability of the social worker workforce, including why people join, and remain in, the social work profession. The survey asks social workers about their plans for the next five years, and reasons for planning to leave the workforce. Salary levels and distribution are also included as possible determinants of workforce sustainability.

2.1 Reasons for joining the social work profession

The three most selected reasons attracting social workers in health to the social work profession were making a positive difference to people’s lives (79%); an interest in social justice, advocacy and welfare (68%); and serving/working with/for/supporting whānau and community (64%). These results closely resemble those of the full survey sample.

TABLE 8. REASONS FOR JOINING SOCIAL WORK PROFESSION – SOCIAL WORKERS IN HEALTH 2023

Reason	Number of participants working in health	Survey participants working in health %
Making a positive difference to peoples’ lives	848	79%
An interest in social justice, advocacy, and welfare	727	68%
Serving/working with/for/supporting whānau and my community	685	64%
Sense of purpose	449	42%
Using my own personal/lived experience to help others	394	37%
To become part of a recognised profession	202	19%
Career opportunities	124	12%
A known need for social workers	110	10%
Work flexibilities	96	9%
Salary	66	6%
Other	12	1%

*Participants can select more than one reason for joining the profession, so totals exceed the sample of 1078

2.2 Reasons for remaining in the social work profession

The most selected reason for staying in the profession is the same reason most participants initially join the profession – making a difference to people’s lives (79%). Again, this closely resembles the result from the full survey sample.

TABLE 9. REASONS FOR REMAINING IN SOCIAL WORK PROFESSION – SOCIAL WORKERS IN HEALTH 2023

Reason	Number of participants working in health	Survey participants working in health %
Making a difference to people's lives	848	79%
Positive client relationships	680	63%
Serving/Working with/supporting whānau and my community	677	63%
Varied nature of the role	670	62%

Continuous learning/professional development	418	39%
Being part of a profession	373	35%
Positive working environment	307	29%
Peer support	259	24%
Career growth opportunities	203	19%
Culturally safe environment	174	16%
Salary	156	15%
Other	11	1%

*Participants can select more than one rewarding factor, so totals exceed the sample of 1078

2.3 Barriers to entering the profession

Over half of all social workers in health identified the costs of being a regulated professional and salary as the main barriers to entering or re-entering the social work profession (53% and 51%, respectively). These results should be considered alongside the findings about employer support for registration and practising certificate fees (paid by employer for 83% and 98% of social workers in health, respectively; see Section 4.2). Over a third of social workers in health identified the lack of career progression as a barrier to entering the profession (37%), a higher proportion than for the full sample (23%).

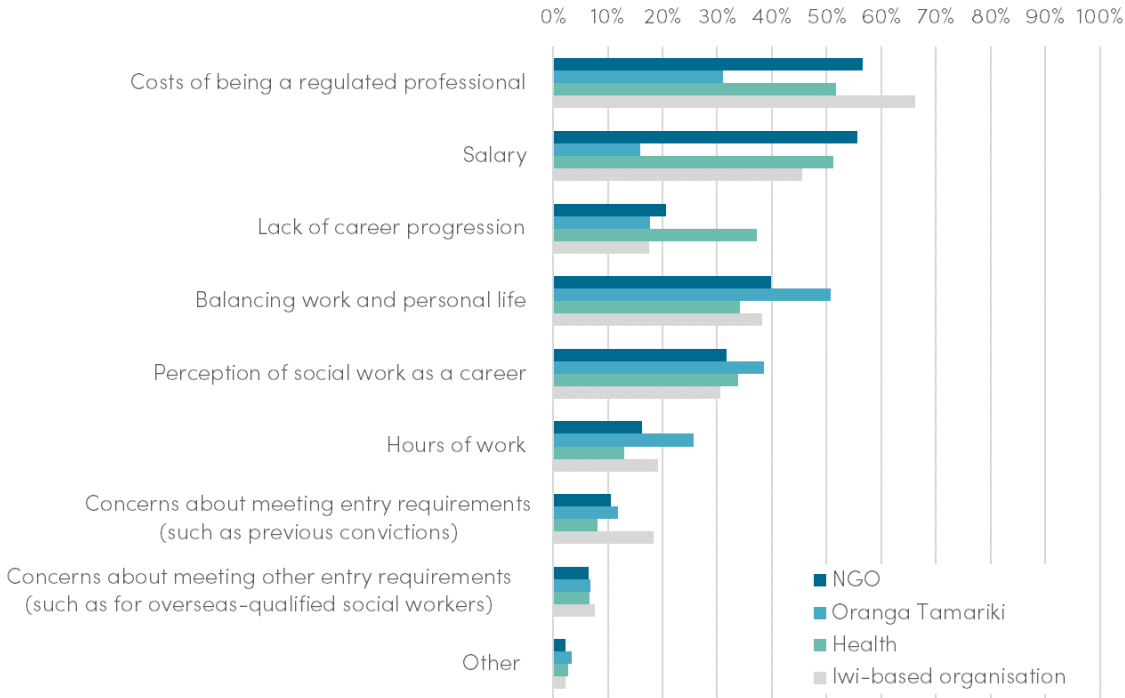
TABLE 10. BARRIERS TO ENTERING OR RE-ENTERING SOCIAL WORK PROFESSION – SOCIAL WORKERS IN HEALTH 2023

Barriers to entering or re-entering profession	Number of participants working in health	Survey participants working in health %
Costs of being a regulated professional	572	53%
Salary	549	51%
Lack of career progression	393	37%
Balancing work and personal life	372	35%
Perception of social work as a career	363	34%
Hours of work	151	14%
Concerns about meeting entry requirements (such as previous convictions)	99	9%
Concerns about meeting other entry requirements (such as for overseas-qualified social workers)	78	7%
Other	27	3%

*Participants can select more than one barrier, so totals exceed the sample of 1078

The chart below shows how results for social workers in health compare to the other top three employer types (NGOs, Oranga Tamariki and iwi-based organisations).

FIGURE 14. BARRIERS TO ENTERING OR RE-ENTERING SOCIAL WORK PROFESSION – BY TOP FOUR EMPLOYER TYPES 2023



2.4 Five-year plan for staying in the workforce

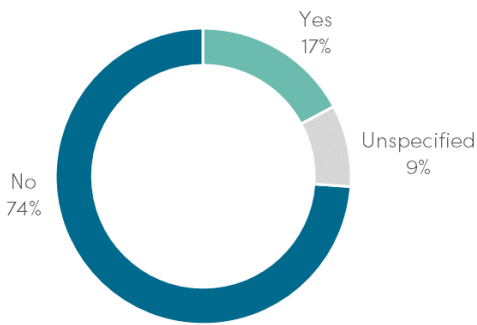
Almost three-quarters of social workers in health who took part in the survey plan to remain in the social work profession over the next five years (74%). Seventeen percent of participants plan to leave the profession in the next five years, which is a loss of over 180 social workers from the health sector. If this proportion is extrapolated out to the full practising workforce of social workers in health, that would indicate a loss of over 330 social workers across the health sector in New Zealand.

The proportion who plan to leave the profession is the same as that for the full survey sample (see table below).

TABLE 11. PLANS TO LEAVE SOCIAL WORK PROFESSION IN NEXT 5 YEARS – SOCIAL WORKERS IN HEALTH 2023

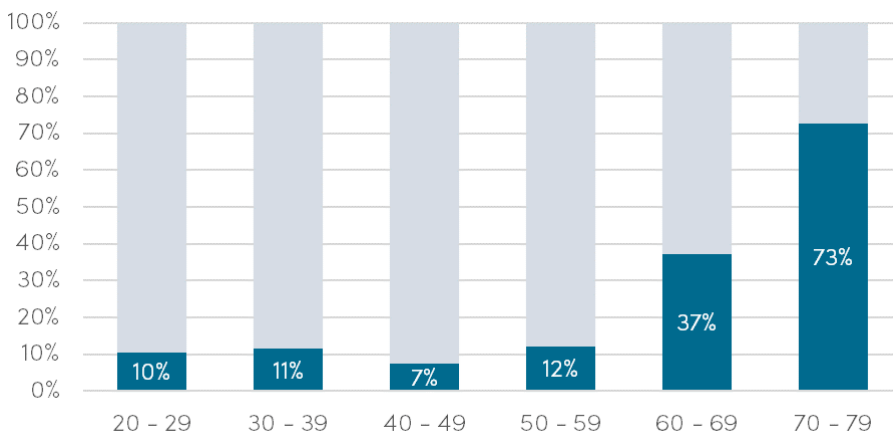
Are you planning to leave the social work profession in the next five years?	Number of participants working in health	Survey participants working in health %	Number in full survey	Full survey %
No	794	74%	3254	74%
Yes	185	17%	714	16%
Unspecified	96	9%	443	10%
Total	1078		4411	

FIGURE 15. PLANS TO LEAVE SOCIAL WORK PROFESSION IN NEXT 5 YEARS – SOCIAL WORKERS IN HEALTH 2023



The chart below shows the proportion of social workers in health from each age group planning to leave the workforce in the next five years. The peak in the older age groups is consistent with retirement as the highest reported reason for leaving the profession in section 2.5 below.

FIGURE 16. PLANS TO LEAVE SOCIAL WORK PROFESSION IN NEXT 5 YEARS – SOCIAL WORKERS IN HEALTH 2023 BY AGE GROUP



2.5 Reasons for leaving the profession

Of the 17% (or 185) of social workers in health who indicated that they plan to leave the social work profession in the next five years, the main reason for leaving was retirement (48%). One-third of this subset of participants cited burnout as a reason for leaving the profession (34%), and over a quarter said high workload was their reason for leaving (28%).

Social workers employed in health were more likely than those employed by other organisations to intend to leave due to burnout, high workload and lack of career progression, as shown in the chart below.

TABLE 12. REASONS FOR LEAVING SOCIAL WORK PROFESSION IN NEXT 5 YEARS – SOCIAL WORKERS IN HEALTH 2023

Reason	Number of participants working in health	Survey participants working in health %	Number in full survey	Full survey %
Retirement	88	48%	331	46%
Burnout	63	34%	242	34%
High workload	51	28%	197	28%
Lack of career progression	47	25%	142	20%
Poor pay	43	23%	152	21%
Imbalance of administrative duties and contact time with clients	26	14%	129	18%
Lack of professional support	25	14%	103	14%
Workplace morale	25	14%	101	14%
Costs of being a registered social worker	24	13%	112	16%
Bullying, discrimination, and harassment in the workplace	17	9%	63	9%
Whānau responsibilities	15	8%	71	10%
Other	12	6%	58	8%

*Table denominator is 185 participants who said 'yes' to previous question about leaving profession in next five years. Participants could give more than one reason for leaving, so totals exceed the sample subset of 185

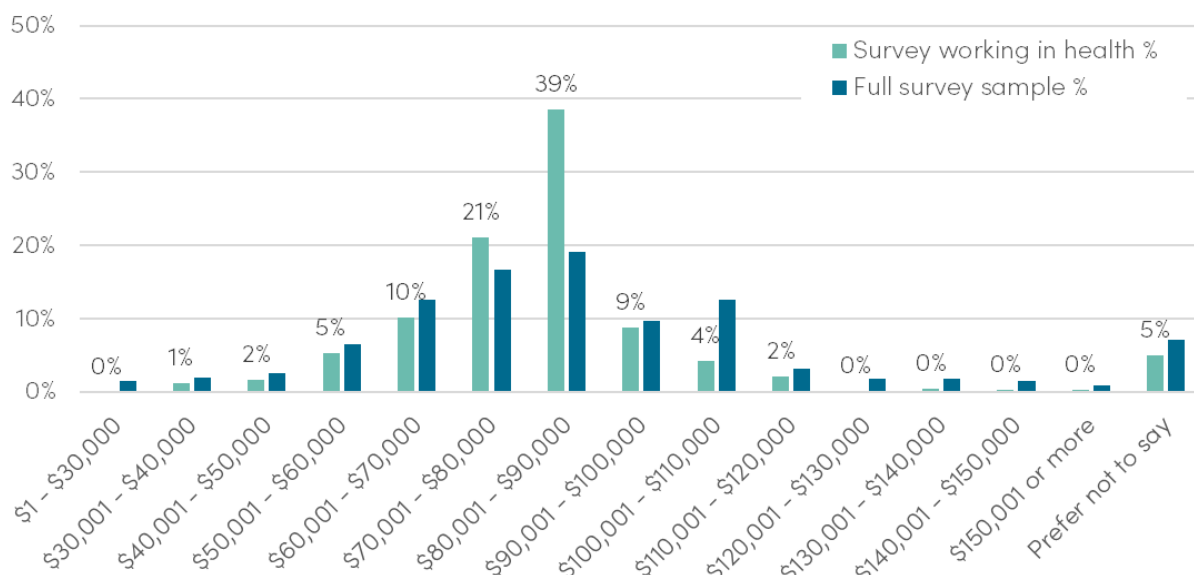
FIGURE 17. REASONS FOR LEAVING SOCIAL WORK PROFESSION IN NEXT 5 YEARS – BY TOP FOUR EMPLOYER TYPES 2023



2.6 Salary distribution

The most common salary category selected by social workers in health was \$80,001 – \$90,000 annually (39%). A combined total of 8% reported earning more than \$100,000 annually. When compared to the full sample, fewer social workers in health report earning more than \$100,000 annually (22% and 8%, respectively), and the overall distribution for social workers in health trends lower than those for other employers.

FIGURE 18. SALARY DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023



It should be noted that the shape of the curve (and peak at \$80,001 – \$90,000 annually) does not change when analysed by full-time and part-time status, implying that participants provided their full-time equivalent (FTE) salary when answering this survey question.

TABLE 13. SALARY DISTRIBUTION – SOCIAL WORKERS IN HEALTH 2023

Salary band	Number of participants working in health	Survey participants working in health %
\$1 - \$30,000	0	0%
\$30,001 - \$40,000	14	1%
\$40,001 - \$50,000	19	2%
\$50,001 - \$60,000	57	5%
\$60,001 - \$70,000	110	10%
\$70,001 - \$80,000	227	21%
\$80,001 - \$90,000	414	39%
\$90,001 - \$100,000	95	9%
\$100,001 - \$110,000	46	4%
\$110,001 - \$120,000	23	2%
\$120,001 - \$130,000	2	0%
\$130,001 - \$140,000	5	0%
\$140,001 - \$150,000	3	0%
\$150,001 or more	4	0%
Prefer not to say/unspecified	56	5%

Section 3 – Knowledge and skills development

This section includes survey results about social workers' knowledge and skill development, to better understand areas where social workers need additional support and continuing professional development (CPD). It is not the SWRB's role to deliver CPD for social workers. However, it is important to support and understand the needs of the workforce as part of the SWRB's guidance for professional standards and regulatory expectations.

3.1 Continuing Professional Development needs

Survey participants were asked which CPD areas would be most helpful for furthering their knowledge and skill development. They were able to select as many options as applied to them. Half of all social workers in health said that CPD in social work practice with Māori would be most helpful (50%). The same proportion said that CPD in social work practice with ethnic and cultural groups would be helpful (50%).

TABLE 14. AREAS OF CPD IDENTIFIED AS MOST HELPFUL – SOCIAL WORKERS IN HEALTH 2023

CPD area	Number of participants working in health	Survey participants working in health %	Number in full survey	Full survey %
Social work practice with ethnic and cultural groups	541	50%	2110	48%
Social work practice with Māori	538	50%	2215	50%
Ethical practice/dilemmas	454	42%	1747	40%
Skills for managing complexity	445	41%	1829	42%
Legislation and policies affecting social work practice	359	33%	1562	35%
Working with whānau living with addiction and substance misuse	280	26%	1207	27%
Skills for conflict management	278	26%	1311	30%
Professional supervisor training	277	26%	1257	29%
Decolonisation and te Tiriti o Waitangi	252	23%	1096	25%
Working with whānau who have experienced family harm	233	22%	1097	25%
Critical thinking	233	22%	1089	25%
Professional boundaries	201	19%	940	21%
Supporting students on field placements	180	17%	717	16%
Report writing	143	13%	676	15%
Working in partnerships	137	13%	718	16%
Case management	126	12%	619	14%
Other	27	3%	126	3%

*Participants can select more than one CPD area, so totals exceed the health sample of 1078

Section 4 – Employer support

This section describes results from survey questions about the support provided to social workers by their employers, for their social work practice, and financial support for the payment of registration and annual Practising Certificate (PC) renewal fees.

4.1 Employer support for social work practice

The most common categories of employer support that social workers in health say they receive for their social work practice are professional reflective supervision (78%), and training and skills development (69%). Just under half report that their employer provides a supportive and safe working environment, which may need to be explored further. Many social workers commented about abuse from clients as contributing to their feeling unsafe in their work.

TABLE 15. EMPLOYER SUPPORT FOR SOCIAL WORK PRACTICE – SOCIAL WORKERS IN HEALTH 2023

Employer support	Number of participants working in health	Survey participants working in health %	Number in full survey	Full survey %
Professional Reflective Supervision	841	78%	3102	70%
Relevant training and skills development, including CPD and understanding your obligations as a registered social worker	740	69%	2950	67%
Supportive and safe working environment	518	48%	2243	51%
Space and time for reflective practice	469	44%	2115	48%
Cultural supervision	256	24%	1261	29%
Assistive equipment	46	4%	249	6%
Other	23	2%	149	3%

*Participants can select more than one area of employer support, so totals exceed the health sample of 1078

4.2 Employer support with fee payment

Registration with the SWRB requires payment of registration application fee(s). Practising social workers must also have a valid Practising Certificate (PC) which is renewed annually. The survey asked social workers if their employer pays these fees in full, in part, or not at all.

Over eight out of ten social workers in health reported that their employer paid their registration fees (83% paid in full or in part), and 98% reported that their employer pays their annual practising certificate renewal fees (in full or in part).

TABLE 16. EMPLOYER SUPPORT FOR REGISTRATION AND PC FEES – SOCIAL WORKERS IN HEALTH 2023

Fees paid by employer	Participants working in health Registration fees	Full survey Registration fees	Participants working in health PC renewal fees	Full survey PC renewal fees
Yes	81%	82%	96%	90%
In part	2%	2%	2%	2%
No	16%	16%	3%	8%

Section 5 – Standing of the profession

This section explores social workers' views on how mandatory registration and media coverage have impacted the respect, trust and confidence in their profession.

5.1 Impact of mandatory registration on profession

Mandatory registration for social workers in New Zealand came into effect in February 2021. In the years since, the SWRB's workforce survey has asked social workers if they think the profession is more respected now that all social workers must be registered. Half of social workers in health thought the profession is more respected (49%), and a further 34% said it was 'in part'. These results closely resemble those of the full survey sample.

FIGURE 19. BELIEF THAT PROFESSION IS MORE RESPECTED SINCE MANDATORY REGISTRATION – SOCIAL WORKERS IN HEALTH 2023

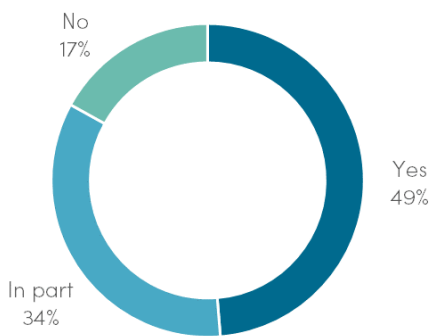


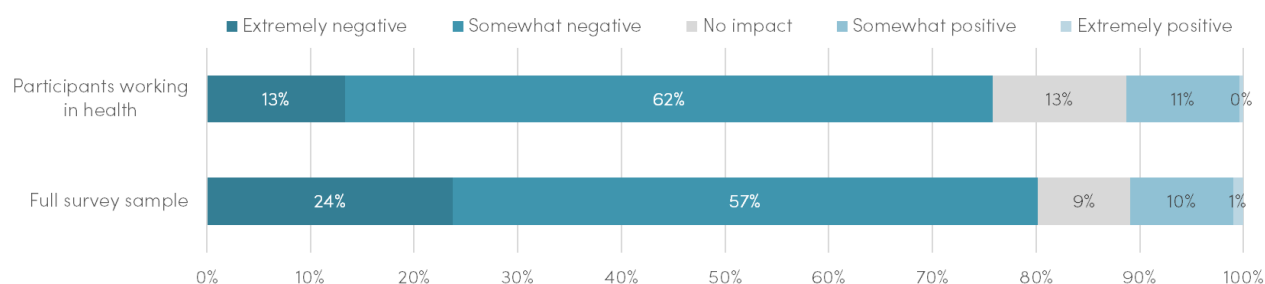
TABLE 17. BELIEF THAT PROFESSION IS MORE RESPECTED SINCE MANDATORY REGISTRATION – SOCIAL WORKERS IN HEALTH 2023

Profession is more respected since mandatory registration	Number of participants working in health	Survey participants working in health %	Full survey %
Yes	433	49%	46%
In part	305	34%	36%
No	151	17%	18%

5.2 Impact of media on trust and confidence in profession

Survey participants were asked about the impact that media coverage relating to social work has had on public trust and confidence in the social work profession. Three-quarters of social workers in health surveyed thought media coverage had a negative impact (13% extremely; 62% somewhat negative). This is slightly lower than the full survey sample, as shown in the chart below. A quarter of all survey participants felt that media coverage has had an *extremely* negative impact on public trust and confidence in the social work profession (24%), compared to 13% of social workers in health.

FIGURE 20. BELIEFS ABOUT IMPACT OF MEDIA ON TRUST AND CONFIDENCE IN SOCIAL WORK PROFESSION – SOCIAL WORKERS IN HEALTH 2023



5.3 Biggest challenges for the profession

Social workers were asked what they think the biggest challenges for the social work profession are now, and in the immediate future. Seven out of ten social workers in health thought that pay parity is the biggest challenge (71%), followed by recruitment and retention of social workers (65%). Pay parity was cited as a challenge by more social workers in health than the full survey sample (71% compared to 56% of the full sample).

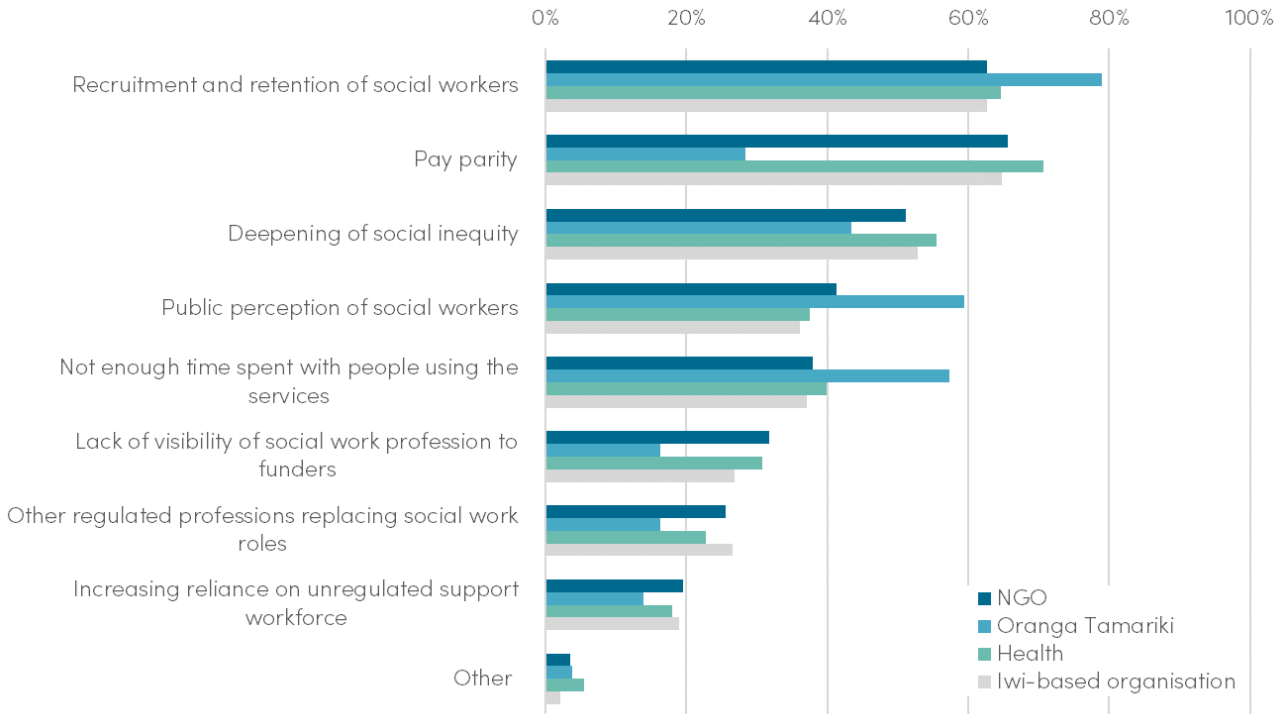
TABLE 18. CHALLENGES FOR THE SOCIAL WORK PROFESSION NOW AND IN THE FUTURE 2023

Challenges	Number of participants working in health	Participants working in health %	Full survey %
Pay parity	761	71%	56%
Recruitment and retention of social workers	696	65%	67%
Deepening of social inequity	598	56%	51%
Not enough time spent with people using the services	425	40%	44%
Public perception of social workers	402	37%	45%
Lack of visibility of social work profession to funders	326	30%	27%
Other regulated professions replacing social work roles	250	23%	23%
Increasing reliance on unregulated support workforce	192	18%	18%
Other	59	5%	4%

*Participants can select more than one challenge, so totals exceed the sample of 1078

The chart below shows how results for social workers in health compare to the other top three employer types (NGOs, Oranga Tamariki and iwi-based organisations).

FIGURE 21. CHALLENGES FOR THE SOCIAL WORK PROFESSION NOW AND IN THE FUTURE 2023 – BY TOP FOUR EMPLOYER TYPES



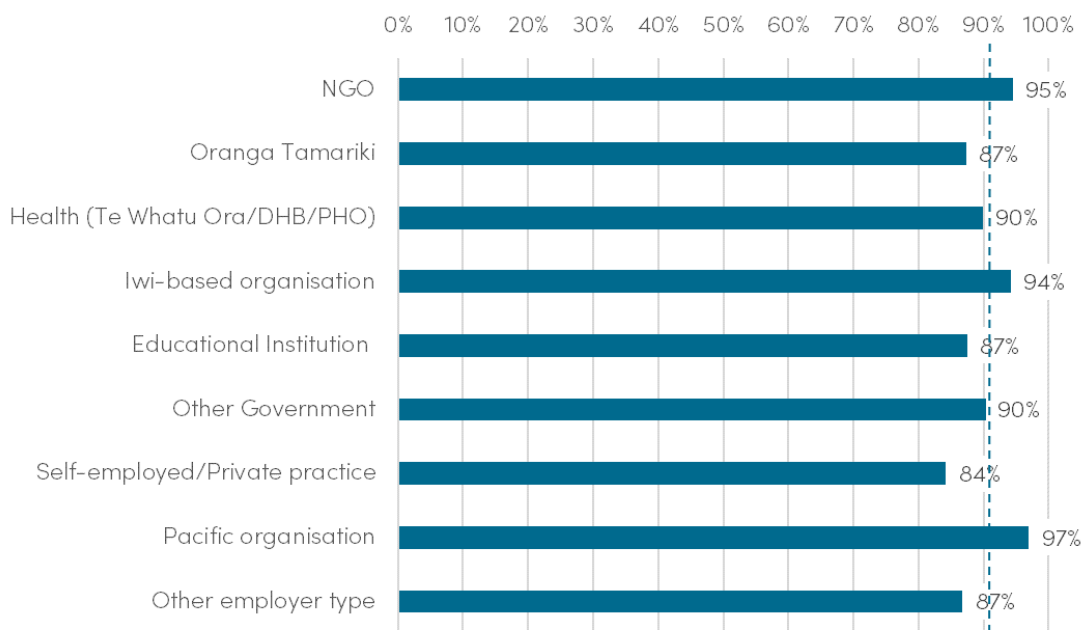
Section 6 – Safety and conduct

In 2023, workforce survey participants were asked two new questions about safety and conduct: confidence in their employer’s policies and processes for dealing with serious issues with a social worker’s practice and/or conduct, and whether they would report practice and conduct issues to the SWRB.

6.1 Confidence in employer’s policies and processes for practice/conduct issues

When asked if they were confident their employer has adequate policies and procedures in place to deal with serious issues with a social worker’s practice and/or conduct appropriately and safely, 90% of social workers in health said ‘yes’. This is comparable with the full survey sample (91%; dashed line on the chart below).

FIGURE 22. CONFIDENCE IN EMPLOYER TO DEAL WITH SERIOUS PRACTICE/CONDUCT ISSUES 2023 – BY EMPLOYER TYPE



6.2 Raising concerns with the SWRB

When asked if they would raise concerns about another social worker’s practice and/or conduct with SWRB (where it was not possible to resolve the issue with the employer), almost all social workers in health said yes (95%).

Closing comments

This Spotlight Report seeks to shine a light on the social work workforce employed in health organisations, revealing the depth and breadth of activity, workforce capability, opportunities and challenges facing this subset of the profession.

We continue to engage with the profession and across sectors and employers to monitor the social worker 'pipeline' and support workforce planning and development activities. Each year, we add to the suite of surveys and reports we produce to support these activities, and our intention for 2024 is to add a survey of employers. This will extend our evidence base to better understand the 'big picture' of the social work workforce and provide valuable insights to support future workforce planning across the sector. The goal of this evidence base is to provide further insight and support for employers and decision-makers, and to ensure a sustainable and future-focussed workforce.

The SWRB appreciates and acknowledges the social workers who shared their time and feedback in 2023, achieving the highest response rate since the survey began (51%), and a sample that matches the demographic profile of the workforce. This gives us high confidence that the results in this report reflect the reality and diversity of all practising social workers in health, and enables us to build on our evidence base to support workforce planning and decision-making in the social work sector.

We welcome feedback, comments and suggestions on ways to improve this survey or specific topics that might be useful to explore in the future.

Appendix 1: Survey sample and data representativeness – comparing sample of social workers in health to the full practising workforce

This appendix compares the demographic profile for the sample of social workers in health with the full practising social worker workforce to better understand representativeness of the results – can the trends shown in the survey be generalised to what is happening in the wider workforce of social workers in health?

'Practising' workforce includes all social workers on the SWRB register with an active practising certificate (PC) as of 30 June 2023.

TABLE A1. AGE DISTRIBUTION OF SOCIAL WORKERS IN HEALTH COMPARED TO PRACTISING WORKFORCE 2023

Age group	Social workers in health sample %	Full survey sample %	Practising workforce in health %	Full practising workforce %	Social workers in health sample n	Full survey sample n	Practising workforce in health n	Full practising workforce n
20 - 29	6.2%	7.1%	6.7%	7.6%	67	313	132	695
30 - 39	16.3%	18.7%	17.6%	20.7%	175	827	344	1814
40 - 49	24.1%	24.3%	23.3%	24.1%	259	1072	456	2068
50 - 59	30.7%	27.3%	29.2%	26.0%	330	1206	572	2231
60 - 69	20.5%	19.7%	20.5%	18.8%	220	870	402	1639
70 - 79	2.0%	2.6%	2.6%	2.5%	22	115	50	243
80 or older	0.0%	0.0%	0.0%	0.0%	0	1		4
Unspecified	0.2%	0.2%	0.1%	0.2%	2	7	2	11
Total					1078	4411	1958	8705

TABLE A2. GENDER DISTRIBUTION OF SOCIAL WORKERS IN HEALTH COMPARED TO PRACTISING WORKFORCE 2023

Gender	Social workers in health sample %	Full survey sample %	Practising workforce in health %	Full practising workforce %	Social workers in health sample n	Full survey sample n	Practising workforce in health n	Full practising workforce n
Female	83.3%	85.1%	82.3%	84.3%	895	3752	1611	7339
Male	16.3%	14.4%	17.4%	15.2%	175	637	340	1319
Another gender	0.2%	0.2%	0.3%	0.3%	2	8	5	22
Unspecified	0.3%	0.3%	0.1%	0.30%	3	14	2	25
Total					1078	4411	1958	8705

TABLE A3. ETHNICITY DISTRIBUTION OF SOCIAL WORKERS IN HEALTH COMPARED TO PRACTISING WORKFORCE 2023

Ethnicity	Social workers in health sample %	Full survey sample %	Full practising workforce %	Social workers in health sample n	Full survey sample n	Full practising workforce n
NZ Māori	17.9%	23.4%	24.3%	192	1032	2114
Pacific Peoples	9.0%	10.9%	12.1%	97	480	1057
European (incl. NZ European; Pākehā)	71.5%	66.9%	63.7%	769	2676	5541
MELAA	2.0%	2.3%	2.6%	22	101	230
Asian	9.9%	8.7%	9.5%	106	384	828
Other	0.0%	2.0%	1.3%	16	68	111

*Social workers could identify with more than one ethnic group, so totals exceed 100%

The table below shows the survey distribution by ethnicity compared to the most recent census of the NZ population (2018). This shows that the 2023 survey sample, and practising workforce of social workers has a higher representation of Māori and Pacific peoples than the general population. Unfortunately there are no holistic data that show the exact number and characteristics of those who access social worker services, so it is difficult to compare the workforce with the ‘client’ population. However, having more Māori and Pacific social workers in the workforce is an encouraging trend for supporting population well-being across Aotearoa New Zealand.

TABLE A4. ETHNICITY DISTRIBUTION OF SOCIAL WORKERS IN HEALTH COMPARED TO FULL SURVEY, PRACTISING WORKFORCE 2023 AND NZ POPULATION (CENSUS 2018)

Ethnicity	2023 Social workers in health sample %	2023 Practising workforce in health %	2023 Full survey %	2023 Practising workforce %	2018 Census ⁸ %
NZ Māori	17.9%	19.1%	23.4%	24.3%	16.5%
Pacific peoples	9.0%	10.4%	10.9%	12.1%	8.1%
European (incl. NZ European; Pākehā)	71.5% (54.6% NZ European)	66.3%	66.9%	63.7%	70.2%
Middle Eastern/Latin American/African	2.0%	2.2%	2.3%	2.6%	1.5%
Asian	9.9%	11.5%	8.7%	9.5%	15.1%
Other ethnicity	1.5%	1.3%	2.0%	1.3%	1.2%

* Both Census and workforce survey use ‘total response’ ethnicity calculations, allowing participants to identify more than one ethnic group. Totals will add to more than 100%.

⁸ <https://www.stats.govt.nz/news/ethnic-group-summaries-reveal-new-zealands-multicultural-make-up/>

TABLE A5. GEOGRAPHIC DISTRIBUTION OF SOCIAL WORKERS IN HEALTH COMPARED TO PRACTISING WORKFORCE 2023

Region	Social workers in health sample %	Full survey sample %	Full practising workforce %	Social workers in health sample n	Full survey sample n	Full practising workforce n	NZ pop'n ⁹ %
Northland	5.3%	5.1%	5.2%	57	227	450	3.8%
Auckland	27.7%	28.4%	29.2%	298	1251	2538	33.8%
Waikato	7.6%	8.2%	8.2%	82	363	711	9.7%
Bay of Plenty	6.6%	7.6%	7.9%	71	336	692	6.5%
Gisborne	1.4%	1.5%	1.6%	15	64	143	1.0%
Hawke's Bay	4.7%	4.4%	4.2%	50	192	369	3.5%
Taranaki	2.6%	2.7%	2.5%	28	118	215	2.5%
Manawatū-Wanganui	4.8%	5.4%	4.7%	52	237	408	5.1%
Wellington	12.4%	11.3%	11.6%	133	498	1006	10.7%
Tasman	0.4%	0.6%	0.4%	4	26	38	1.1%
Nelson	3.2%	2.1%	1.9%	34	91	167	1.1%
Marlborough	1.0%	1.0%	0.8%	11	42	66	1.0%
West Coast	1.0%	0.5%	0.6%	11	23	49	0.7%
Canterbury	15.6%	14.9%	14.1%	168	656	1225	12.7%
Otago	3.8%	4.3%	2.9%	41	191	249	4.8%
Southland	1.8%	2.1%	3.0%	19	93	264	2.1%
Unspecified/International	0.1%	0.1%	1.3%	1	3	115	
Total				1078	4411	8705	

TABLE A6. EMPLOYER TYPE OF SURVEY SAMPLE COMPARED TO PRACTISING WORKFORCE 2023

Employer type	Survey %	Practising workforce %	Survey n	Practising workforce n
Non-Government organisation (NGO)	28%	29%	1240	2489
Oranga Tamariki	27%	26%	1201	2245
Health (Te Whatu Ora/DHB/PHO)	23%	21%	1004	1817
Iwi-based organisation*	8%	8%	342	669
Educational Institution (school; university)	4%	4%	196	372
Other Government	2%	2%	98	193
Self-employed/private practice	3%	3%	117	235
Pacific organisation*	1%	1%	35	67
Other	2%	2%	86	180
Unspecified	2%	5%	92	438
Total			4411	8705

* These categories include a number of iwi-based and Pacific organisations with a focus on health, and social workers employed by these are counted in the 'focus on health' subset denominator.

⁹ Stats NZ (2019). Census: Population and dwelling counts (amended) 2018.

<https://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts>

Appendix 2: The SWRB’s role as Lead Agency for Workforce Planning for all social workers

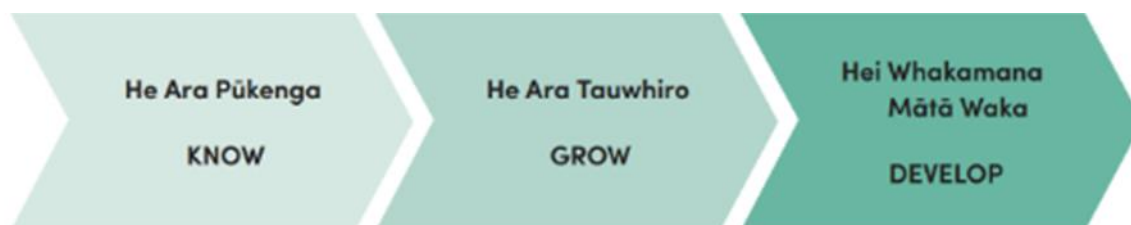
The SWRB’s role as the Lead Agency for workforce planning for all social workers was announced publicly in March 2021. The Cabinet Paper assigning the role to us stated that the emphasis should be on ‘building evidence on workforce pressures and relationships across the sector.’ To reflect that intent, we have developed an aspirational vision for our Lead Agency work:

The SWRB will provide strategic, cross-agency and cross-sectoral leadership in consultation with the sector, based on a robust evidence base, to guide the development of a strategy and action plan to support the sustainability of the social worker workforce.

This vision acknowledges the need for cross-agency and cross-sector support to enable any significant change. Our high-level outcome has also evolved and now recognises the emphasis on being data driven and evidence based:

Leveraging data to support the system to have the right social workers, with the right skills, knowledge, and competencies in the right place, at the right time to support and enhance the wellbeing of New Zealanders.

We developed an approach to articulate what the Lead Agency role means focusing on three components of work – **KNOW, GROW, DEVELOP**.



KNOW

The initial ‘know’ phase is about building the evidence base to underpin our work.

The register of social workers provides us with valuable demographic information about the workforce. This is supplemented by the findings from our Annual Social Worker Workforce Survey and other information sources such as the SWRB’s Annual Education Report, one-off surveys and pieces of research.

From this evidence, we have developed insights and briefings to disseminate to the wider sector including Ministers, other government agencies, employers and other stakeholders. These will continue to be updated regularly as the latest reports become available.

GROW

We moved into the second 'grow' phase from the beginning of the 2022/23 financial year, taking a more proactive approach. We continued to strengthen and enhance our business-as-usual Lead Agency work, including tailoring and expanding our Workforce Survey. We will also develop an Employers Survey for the 2024/25 financial year, and work to enhance our Annual Education Providers Survey and Report.

Increasingly we are growing our contribution at a system level and have proactively undertaken the following work:

- Working with education officials on increasing the funding rate for the fieldwork components of the social work degree programmes, including providing advice to Ministers alongside the Ministry of Education and the Tertiary Education Commission
- Working closely with Te Pūkenga, Te Toitū Waiora - Community, Health, Education, and Social Services Workforce Development Council, Health Workforce NZ, Immigration NZ, Public Services Commission, the Employment, Education and Training (EET) Ministerial Advisory Group and Oranga Tamariki
- Identifying research opportunities, including those that draw on what we are learning through the project to better understand the social work-like workforce.

DEVELOP

The third phase 'develop' shows us now moving into external phases of work. Drawing on our existing relationships we are taking a dual approach (cross-government agency and cross-sector) to encourage agencies across government and sector to collaborate on a system-wide and integrated social worker workforce strategy and associated action plan.

We will also continue to build our links with other agencies that have a workforce function including the Ministries of Health and Education, Oranga Tamariki and the Ministry of Business, Innovation and Employment. Based on their advice and our suite of workforce data, we will provide the Minister with updates on cross-sector engagement.