Canterbury NGO Workforce survey – July 2013

15 responses were received (between 4-13 July) from a mailing list of 65 e-mail addresses.

1. What are the three top workforce issues you face at present?

Over half of respondents identified a funding-related issue in this question. Issues related to recruitment, retention and workforce development/training/skills also appeared multiple times.

Actual responses:

- Aging workforce (2)
- Being able to fund salaries
- Being able to retain workers when we can only pay at the lower quartile of the national average
- Being part of the strategic planning team
- Capacity to support staff in difficult times, and who are rapidly experiencing periods of burnout
- Coping with the need to recruit sufficient numbers of staff to meet the increase in client numbers
- developing adequate IT systems /databases to stream line work
- Efforts to address determinants of health viewed as lobbying instead of advocacy, inhibiting systemic change
- Establishing a Neurological Centre for all Neurological disorders
- Falling numbers
- Funding
- Increases in multiple issues clients and families needing wrap around services
- Insufficient funding to meet pressure to provide attractive terms and conditions; contract funding has not increased in line with CPI & there are ongoing expectations of NGOs providing more services for less money.
- Integrating advocacy, public health and preventative care into a counselling role.
- Lack of appropriate office space/buildings
- Lack of consistency of competency/skills across employees with similar qualifications and too many governing bodies to choose between
- Lack of consistent training programmes across NZ (we are a national organisation)
- Lack of digital resources
- Lack of funding for competitive salaries
- Lack of funding for PD
- Lack of innovation pressure to develop partnerships with private business (seems to indicate workforce not valued)
- Lack of professional development
- Low level of investment across the sector in development of disability workforce
- Low pay sector
- Low wages of disability and community support work
- need for more office space

- People having too high a workload for their hours
- Quality of the workforce – see 1 (i.e. enough funding to pay people a decent wage).
- Recruitment (2)
- Recruitment of competent candidates
- Retention
- Securing adequate funding
- Securing enough funding to be able to pay people a decent [living ?] wage
- The impact of closure and lack of capacity due to funding of many of the disability providers
- Tired and stressed staff from earthquakes recovery taking its toll
- Uncertainty around accommodation for NGOs
- Workforce development
- Workforce resilience post quake
- Workforces lack of competency in using the full potential of IT or using IT appropriately.

2. What is the top workforce issue you believe you will face in the next 2-5 years?

Actual responses:

- Being able to fund salaries
- Burnout and client fatigue, people are getting increasingly more difficult to move from services, because they are looking for back stop agencies being able to be there 'just in case' which seems to have come from a growing awareness that the capacity of services to respond quickly has declined.
- Continuing development of the NGO workforce, particularly in relation to disability services and services for people with high and complex needs. There has been little or no investment in developing the NGO workforce to work in the HCN area to meet the new expectations - service users with multi-faceted presentations, individualised packages of support, individualised funding, service brokerage and navigation models.
- Covering staff and maintaining consistency where staff tired and stressed by earthquakes need leave to recover or for when their homes are being repaired/replaced. Some staff may also burn out and need replacing adding further stress on everyone else and disrupting flow with more energy required for training etc.
- Falling numbers - as an organisation that relies almost entirely on volunteers the number of women who are available to provide the service we offer is dwindling. Some of the issue relates to the organisation's lack of action in implementing an appropriate volunteer reward system as this would require some funding.
- Funding for more staff to deliver services to an increasing membership/prevalence of people with Multiple Sclerosis and Parkinson's and their carers/ family. Keeping people in the community by the establishment and implementation of self management programmes. This will lead to reduction in costs to the health and welfare sector.
- Keeping up with IT developments.
- Recruitment to all roles: From Director of the service to management/clinical leadership roles, addiction and gambling caseworker roles, post graduate co-existing problem qualified clinicians, part time house supervisors - weekend and overnight roles. Has been

impossible to recruit awake supervisors. Am now paying supervisors to sleep. Also struggling to replace retired domestic supervisor/property manager. Have been unable to fill all roles for the agency since the earthquakes, and we appear to have exhausted the pool in the sector for competent and qualified caseworkers.

- Recruitment/Retention
- Retaining quality staff in a low-pay sector. Higher paid Government, Council and private sector jobs are more attractive. Those who should move on don't – so the NGO sector can be stale and lack innovation.
- Succession planning as the older members of our multidisciplinary health and education team retire. New members of the team need to go through significant and lengthy induction periods (with ongoing PD) if they are to be able to function effectively in our model. This takes time and funding to achieve. Current senior members of staff are excellent clinicians but are now having to step up into leadership and management positions and draw more junior members into the senior clinical roles. This is challenging and expensive as it involves a lot of supervision and shadowing opportunities for more junior staff.
- The issue identified as priority 1 above. We have had one increase of 5% in our Ministry of Health Funding in the last 10 years and inflation is well over 30% over this period. This represents a significant decrease in real terms which is a scandal. Unfortunately the Disability sector is of minor importance in the political world and the sector is divided and ineffective in advocating for itself. This means nothing is going to change anytime soon.
- The issue not specific to our organisation it is more related to the knowledge base (up to date understanding and education of health professionals and care givers) regarding management of the client group we represent.
- Uncertainty around accommodation for NGOs (not necessarily for us, but for many of the agencies to whom we would refer clients, etc.) Increasingly, there seems to be an assumption that we operate in a healthy, sustainable, well society and that there are a few people who stick out and who nice NGOs should try to fix. This viewpoint is stigmatising for clients, it makes it hard for us to do work that will have a lasting systemic impact, and it silences voices from the health and social services sector. It means that our workforce is working really hard, but that our work is under-valued or not taken seriously. It feels like we are being set up to spin our wheels to preserve the status quo.

3. What are your workforce supply gaps going to be over the next 2-5 years?

Actual responses:

- A support workforce that allows NGOs to match workforce planning with the expectations that providers will support clients with high acuity levels, chronic conditions and multi-faceted presentations. See answer 2 above. (i.e. up-to-date understanding and education of health professionals and caregivers regarding management of [our] client group.)

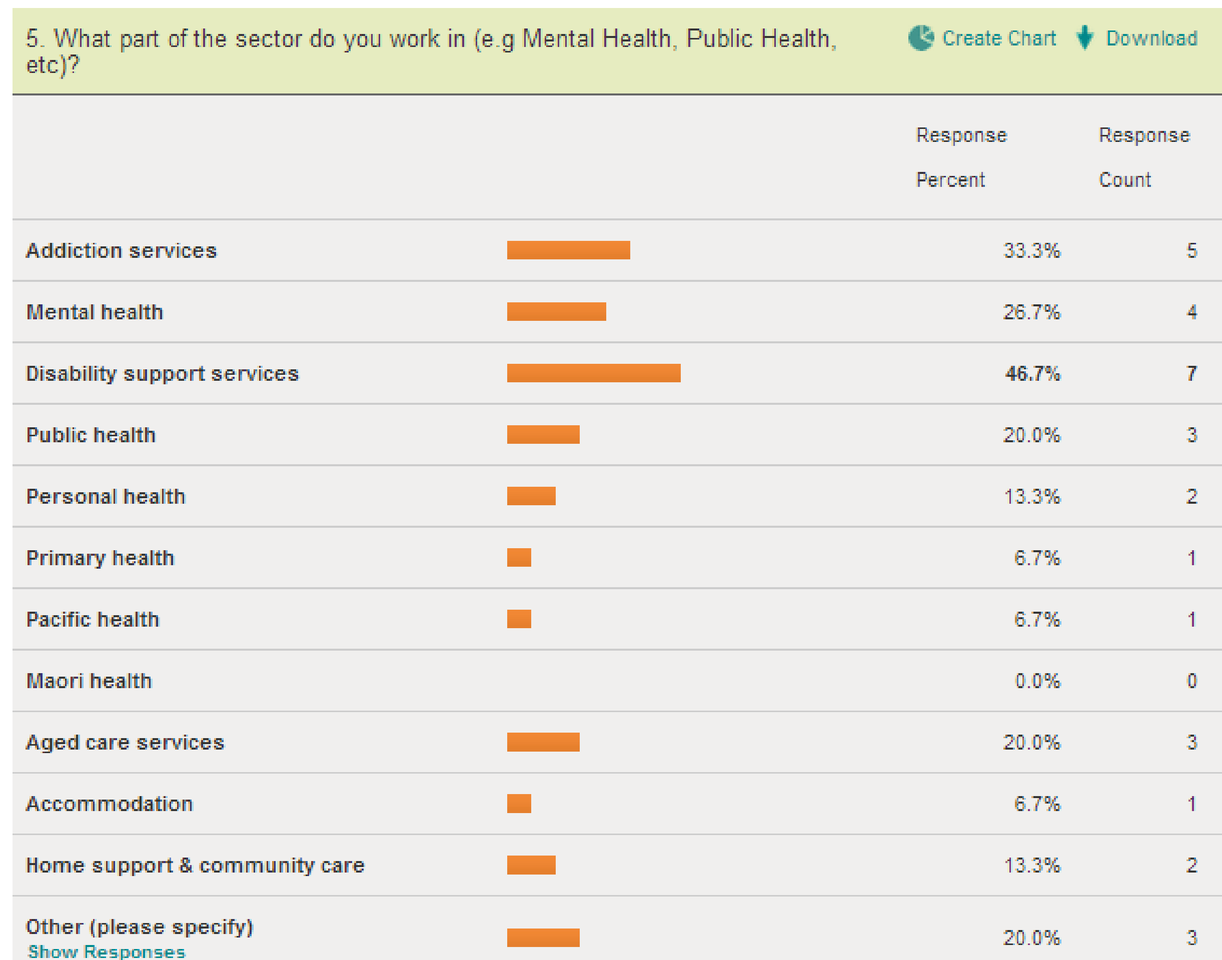
- Advocacy does need to be seen as a part of our mahi, and we need the freedom to collaborate with other organisations so that we can all benefit from each others' work - People with tight connections to the community
- Appropriately qualified staff. Funding.
- Every role looks like being a gap except perhaps the clinical team leader roles. In other words in the next 2 - 5 years I imagine we will struggle to fill the following roles: CEO/Director role Post graduate qualified alcohol, drug and gambling clinicians (Social workers, addiction clinicians, counsellors) Degree-qualified alcohol, drug and gambling clinicians Live in house supervisors – awake overnight especially, but also weekend and evening shifts Domestic supervisor/Property manager
- Finding qualified staff in rural areas or small towns.
- Fund the staff to do as above. (i.e. more staff to deliver services to increasing membership/prevalence of people with Multiple Sclerosis and Parkinson's and their carers/ family. Keeping people in the community [with] self-management programmes.)
- No identified gaps in our organisation at present. Additional funding to our organisation would enable us to help address some of the issues identified in question 2.
- Sufficiently mature and trained support workers willing to work for low wages!
- Those of us in the day programme sector are going to lose out to the school sector and the residential service sector for those already working in the sector and we are going to find it increasingly difficult to recruit people from outside the sector because of our inability to offer realistic wages. This will be particularly so if the economy picks up there is also a lack of suitable people to take up management roles
- Unsure.
- We are experiencing a lack of people capable (timewise and skillswise) of working at administration and management levels in the organisation. A leadership development programme for the organisation is necessary and using outside organisations such as Volunteer NZ to access leadership training would be good. Facing the reality that admin and management positions need to be paid roles would require new funding sources. More focus on funding reveals a lack of skills and experience in the organisation within the funding area.
- We need more hours for our field workers but need extra funding to be able to afford them
- We will need to replace several of our senior staff members due to retirements. Some of these members are Health funded/able and some are Education funded/able. We currently are forced to raise $600,000 per year to top up our government grants in order to provide our wrap-around multi-disciplinary service.

4. Are there any other issues you wish the NGO rep on this group to be aware of? (Please provide brief details)

Actual responses:

- Currently clinicians move from agency to agency in town. Gaps filled in one agency create spaces in another, and given we are trying to operate as an aligned collaborative system, this does not help the system. I have 5 staff who are already working beyond retirement age in various roles.
- Having staff attending off-site to attend triage meetings i.e. Probation, CCS & RAM.
- It would be really nice if the Disability Sector was able to lift its status and profile. The Ministers of Social Development, Health and Disability Issues have shown little interest in engaging with Day Service providers and I feel the sector lacks champions in Cabinet
- Many support workers now appear to have levels of mental illness and/or incompetence that means we cannot necessarily assume who is the person being provided support and who is the carer. This is concerning for the level and quality of care people with intellectual disability and elderly are receiving. If this situation worsens due to the low wages and lack of conscientious and competent carers available then the current structure of the so called 'community' based support system will fail.
- NGOs are not featuring in the conversations about the central city and new office space will probably be too expensive - shutting many of the NGO sector out of the central city.
- Our Health funding comes from DSS (Child Development) and not through the CDHB. We are keen to retain our direct relationship with MOH, as it fosters open collaboration between providers. On the other hand our Education grant comes via the Canterbury MOE office and there is therefore a potential for tension between MOE and ourselves with MOE being both a provider and our funder. [We are] an important part of the Christchurch landscape of early intervention for infants and children with disabilities and needs to continue to provide its centre-based multi-disciplinary option for families. It is important that families have a choice of centre-based or home-based services. The capacity for collaborative teamwork and networking between families are far higher in a centre-based service than in other models.
- We have already developed a Living Well with Parkinson's self-management programme and recently launched the Minimise Fatigue Maximise Life fatigue self-management programme and need to ensure that these programmes continue to be offered to those living with both conditions.

5. What part of the sector do you work in?



5. What part of the sector do you work in (e.g Mental Health, Public Health, etc)? Create Chart Download

	Response Percent	Response Count
Addiction services	33.3%	5
Mental health	26.7%	4
Disability support services	**46.7%**	**7**
Public health	20.0%	3
Personal health	13.3%	2
Primary health	6.7%	1
Pacific health	6.7%	1
Maori health	0.0%	0
Aged care services	20.0%	3
Accommodation	6.7%	1
Home support & community care	13.3%	2
Other (please specify) Show Responses	20.0%	3

'Other' included:

- Asian health and Corrections (not necessarily related to each other)
- Breastfeeding Support
- Health education and awareness raising

This information has been shared with the Canterbury District Health Board for the Canterbury Health System Workforce Planning Project