The Social Services Workforce in New Zealand: Scope and Boundaries

Report prepared for sector consultation

July 2026

Social Service Providers | Te Pai Ora o Aotearoa

Executive Summary

This consultation paper sets out a proposed framework for defining and measuring the NGO social services workforce in Aotearoa New Zealand. It has been prepared to support a two-month consultation period with the sector, over July - August 2026, to gather feedback on the scope, boundaries, and practical application of this framework. It is intended that the framework will form the basis for a comprehensive survey of the social services workforce, planned for 2027.

The social services workforce plays a vital role in supporting the wellbeing of individuals, whānau, families, and communities across Aotearoa. However, unlike some other sectors, there is no single agreed definition of who makes up this workforce, and no comprehensive data collection system to monitor its size, composition, or capacity over time.

This paper reviews existing definitions from previous New Zealand reports and identifies limitations in using standard occupational classification systems (ANZSCO) for workforce planning. It proposes a broad, inclusive definition adapted from the Global Social Service Workforce Alliance's Mapping Toolkit and sets out a framework that distinguishes between regulated and non-regulated parts of the workforce.

The framework includes 13 distinct workforce sub-groups. Eleven of these are involved in direct service delivery, ranging from registered social workers to community support workers, youth workers, family violence specialists, disability support workers, iwi and Māori kaimahi, the Pacific workforce, peer support workers, and others delivering wraparound services that are essential for full social and economic participation. Two other groups of workers are included, who, while not directly delivering social services, are essential for ongoing operations. These groups are volunteers, and organisational support staff. We are interested in your views about whether these groups should be included in the framework.

We invite your feedback on this framework to ensure it reflects the reality of the sector, captures the diversity of roles and settings, and provides a practical basis for future workforce surveys, planning, and development initiatives.

1. Introduction

Te Pai Ora/SSPA has endorsed a proposal for developing an evidence base to measure the NGO social services workforce. Before we can do this, however, we need agreement on the scope and boundaries of the workforce that we want to measure.

1.1 Purpose of this Paper

The purpose of this consultation paper is to:

- Present a proposed framework for defining the scope and boundaries of the social services workforce in Aotearoa New Zealand
- Review how the social services workforce has been defined in previous New Zealand reports, including the use of standard occupational classifications (ANZSCO)
- Propose a working definition and classification system that can identify scope and boundaries of the workforce for future measurement and survey work
- Seek feedback from the sector on the proposed framework.

1.2 Why This Work Matters

A well-defined social services workforce is essential for effective workforce planning, development, and support. Without clear boundaries and agreed definitions, it is difficult to:

- Accurately measure the size and composition of the workforce
- Identify gaps, shortages, and emerging needs
- Plan education and training pathways
- Develop targeted recruitment and retention strategies
- Advocate for adequate funding and resources
- Track changes over time.

Unlike the health, education, or justice sectors, where professional roles, qualifications, and boundaries are more clearly defined, the social services workforce spans multiple sectors, includes both regulated and non-regulated roles, and encompasses paid and unpaid workers in government, NGO, iwi, and community settings.

1.3 Context for This Work

This framework builds on the Global Social Service Workforce Alliance's *Social Service Workforce Mapping Toolkit* (2019),[1] which provides a participatory approach to defining and assessing social service workforces at the national level. The toolkit recognises that definitions must be adapted to local contexts and determined through consultation with diverse stakeholders.

This paper is the first step in a wider programme of work to strengthen the evidence base for social services workforce planning in Aotearoa New Zealand.

[1] https://socialserviceworkforce.org/wp-content/uploads/2024/03/Social_Service_Workforce_Mapping_Toolkit.pdf

2. Defining the Social Service Workforce

The Global Social Service Workforce Alliance's *Social Service Workforce Mapping Toolkit*[2] (2019) defines the social service workforce as:

> *"a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services that are informed by the humanities and social sciences, Indigenous knowledges, discipline-specific and interdisciplinary knowledge and skills, and ethical principles. Social service workers engage people, structures and organisations to facilitate access to needed services, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation."*

This definition explicitly includes:

- Both professionals (with formal qualifications and/or registration) and paraprofessionals (with training and/or experience but not formal professional status)
- Both governmental and non-governmental workers[3]
- Indigenous and culturally specific knowledge and practice frameworks
- A focus on prevention, response, and promotion as well as crisis intervention
- A broad population focus: children, youth, adults, older persons, families, and communities.

The toolkit emphasises that this global definition must be adapted to the national context through a participatory process involving government, NGOs, iwi, professional bodies, and frontline workers. We have taken this definition as the starting point for defining the social services workforce in Aotearoa. We are interested in sector views on how comprehensive this definition is.

2.1 Review of Existing Definitions in New Zealand

Over recent years, several reports have looked at the size and composition of the social services sector, and the way in which it is funded. There are official statistics that measure and define the social services sector workforce, but they have limitations. Other reports have defined the social services differently – these are summarised in Appendix One.

Statistics New Zealand classifications

The Australian and New Zealand Standard Classification of Occupations (ANZSCO) is the official system used by Statistics New Zealand and the Australian Bureau of Statistics to classify occupations for the census, labour market statistics, and workforce planning. ANZSCO is also widely used for visa and immigration purposes, workforce surveys, and industry workforce planning.

[2] https://socialserviceworkforce.org/wp-content/uploads/2024/03/Social_Service_Workforce_Mapping_Toolkit.pdf

[3] It should be noted that while some social services workers are employed by central and local government, the current proposal involves collection of information from NGO and private sector organisations only.

ANZSCO groups occupations into a hierarchical structure:

- Major Groups (e.g., Major Group 4: Community and Personal Service Workers)
- Sub-Major Groups (e.g., 41: Health and Welfare Support Workers; 42: Carers and Aides)
- Minor Groups (e.g., 411: Health and Welfare Support Workers)
- Unit Groups (e.g., 4117: Welfare Support Workers)
- Occupations (e.g., 411711: Community Worker; 272511: Social Worker)

While ANZSCO provides a standardised framework, it has significant limitations when applied to the social services workforce. Changes in the economy and the labour market mean that the ANZSCO classification has become out of date. Following consultation, Stats NZ has proposed changes for the future.[4] Weaknesses with a particular impact on the social services sector are set out below.

Social Services roles are scattered across multiple major groups

Social services roles do not sit neatly within a single ANZSCO category. They are distributed across at least three Major Groups:

- Managers – such as service delivery, specialist and general managers in social services
- Professionals – such as social workers
- Community and Personal Service Workers – such as support workers, carers and aides

This makes it difficult to extract a coherent picture of the "social services workforce" from ANZSCO-based labour market data without complex manual aggregation.

ANZSCO does not distinguish by sector or setting

ANZSCO classifies workers by occupation (what people do), not by sector (where they work or who they serve). For example:

- A Community Worker (411711) could work in social services, housing, justice, education, or health settings
- A Social Worker (272511) could work in hospitals, schools, corrections, NGOs, or iwi organisations
- A Disabilities Services Officer (411712) could work in disability support, aged care, mental health, or child protection

Without additional sector or industry coding, ANZSCO cannot distinguish between "social services" workers and those in adjacent sectors.

[4] https://www.stats.govt.nz/consultations/the-future-of-occupation-classifications-in-aotearoa-new-zealand-findings-from-consultation-15-july-to-9-august-2024/

Role titles do not match real-world job titles

Many social services roles are not well captured by ANZSCO occupation titles. For example, these job titles in the sector are not included in the ANZSCO, despite being common in social services:

- Kaimahi, many iwi and Māori social services roles
- Navigator, Connector, Whānau Support Worker, Case Manager
- Peer Support Worker, Lived Experience Advisor
- Family Violence Advocate, Crisis Support Worker
- Housing Support Worker, Homelessness Outreach Worker
- Youth Development Worker, Rangatahi Worker

Many of these roles are classified as "Community Worker" (411711) or "Welfare Support Worker nec (not elsewhere classified)", which provides no detail on the specific nature of their work.

ANZSCO does not capture volunteers

ANZSCO is designed for roles in paid employment only. It does not include volunteers, who make up a significant portion of the social services workforce, particularly in smaller NGOs, helplines, mentoring and visiting programmes, and community support services.

Workforce roles in Iwi and Māori-led organisations, and culturally based organisations are poorly captured

A number of social services organisations are based on a structure and include roles that have roots in a kaupapa, or cultural understanding, that differs from the mainstream. ANZSCO does not have specific codes for:

- Kaimahi roles in iwi-led social services
- Kaitakawaenga (cultural liaison/navigator roles)
- Pacific-specific community and family support roles
- Roles that blend cultural practice, lived experience, and social support.

These roles are often classified under generic codes (e.g., Community Worker) that do not reflect their cultural specificity or the distinct knowledge or competencies required to perform them effectively.

Summary: ANZSCO is necessary but insufficient

ANZSCO remains the primary classification system for official labour market statistics in New Zealand. However, for the purposes of social services workforce planning, ANZSCO must be supplemented with:

- Sector or industry filters (e.g., ANZSIC industry codes for social services)
- Detailed job titles and role description mapping
- Recognition of non-regulated, culturally specific, and volunteer roles
- Employer type distinctions (government, NGO, iwi, for-profit).

Any future workforce survey or data collection system should attempt to include both ANZSCO occupation codes (for comparison with official statistics) and job titles, to gain a better understanding of sector reality, and how official statistics should be interpreted.

How has the Social Services sector been defined in other New Zealand studies and reports?

Existing New Zealand definitions of the "social services workforce" fall into three categories (see Appendix One):

- Service-based definitions (Productivity Commission, MSD) that describe the types of services provided, but do not define specific workforce roles
- Agency-based definitions (Public Service Commission) that list government entities in the "social sector," but exclude the large NGO, iwi, and community workforce
- Industry-based estimates (Toitū Te Waiora) that provide workforce headcounts based on statistical classifications but lack role-level detail.

No comprehensive, agreed definition of the social services workforce exists that:

- Includes both government and non-government workers
- Distinguishes social services from adjacent sectors (health, education, justice, housing)
- Provides role-level clarity for workforce planning and measurement
- Accommodates both regulated and non-regulated roles
- Includes iwi, Māori, and Pacific workforce within culturally appropriate frameworks
- Addresses volunteers and the unpaid workforce.

2.2 A definition of the social services workforce for Aotearoa/New Zealand

We propose the following definition of the social services workforce for Aotearoa New Zealand:

The social services workforce in Aotearoa New Zealand comprises paid and unpaid workers in government, non-government, iwi, hapū, Māori, and Pacific organisations whose primary role involves:

- *Providing direct support, care, protection, advocacy, or empowerment to individuals, whānau, families, and communities experiencing social, economic, or personal challenges*
- *Facilitating access to services and resources that promote wellbeing, safety, and social inclusion*
- *Preventing and responding to harm, abuse, exploitation, neglect, or family separation*
- *Building individual, whānau, family, and community capacity and resilience, by removing structural barriers that limit participation in economic, social and civic life*
- *Promoting social justice, human rights, and equity.*

It includes:

- *Kaiawhina, care and support workers*
- *Community support, community development and whānau support workers*
- *Youth workers, rangatahi workers and youth development roles*
- *Family violence and sexual violence workers*
- *Homelessness, housing support and navigation roles*
- *Iwi and Māori social services kaimahi*
- *Pacific social Services workers*

- *Peer Support and lived-experience roles*
- *education, training and work brokers working in wraparound services*
- *Registered social workers*
- *Health professionals working in social services roles.*

Most, although not all, social services roles require training and/or qualifications and operate within professional practice and/or ethical frameworks in organisations with have rigorous Quality Assurance processes. They are often, however referred to as being part of the non-regulated workforce. Other social services kaimahi, such as registered social workers and health professionals working in social services settings, are referred to as being "regulated".

The social services workforce encompasses roles informed by Western social sciences, mātauranga Māori, Pacific knowledges, lived experience, and interdisciplinary practice frameworks.

This definition is intentionally broad to reflect the diversity of the sector and to avoid excluding emerging or non-traditional roles.

Appendix Two includes a description of the settings in which these occupational groups are employed and a summary of existing data sources which tell us about the workforce. The remainder of this report considers a number of issues related to this definition, and the occupational framework that has been developed as part of it.

3. Social Services Workforce Occupations

The proposed framework for the social services workforce is described below, with more detail included in Appendix Two. The framework summarises existing knowledge about the workforce in each sub-group, gathered from a range of reports that have been completed over recent years. The overall picture is patchy, both with respect to numbers, demographics and general working conditions.

The social services workforce includes a few roles, particularly social workers and health professionals (such as nurses, psychologists and others working in social services settings) that are regulated. These roles have an explicit scope of practice and accountability mechanisms; and workforce data (frequently collected via the registration process) is readily available. The vast majority of roles performed by the social services workforce, however, are not formally regulated, although the vast majority operate within established professional practice and ethical frameworks. Partly as a result of this, workforce data is fragmented and incomplete, resulting in major gaps when it comes to workforce planning and development strategies.

3.1 Detailed Workforce Sub-Groups

The framework set out below and in Appendix One includes 11 distinct sub-groups within the social services workforce. Existing information about the size and demographics of each of these workforce sub-groups is summarised below

Social Workers

Social workers became a regulated profession in New Zealand on 27 February 2021, when mandatory registration under the Social Workers Registration Act 2003 (as amended in 2019) came into effect.

All individuals using the title "social worker" or undertaking social work practice must now hold a current practising certificate from the Social Workers Registration Board (SWRB). This provides a clear statutory boundary for this part of the workforce.

The SWRB publishes annual workforce reports with detailed data on registered social workers, including numbers, demographics, employer types (Oranga Tamariki, health, NGOs, iwi, local government), practice areas, and workforce sustainability indicators.

Health Professionals in Social Service Settings

Some social services are delivered by health professionals regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA), including:

- Registered nurses working in community mental health, addiction services, or social support roles
- Psychologists working in community or NGO settings
- Some allied health practitioners (e.g., occupational therapists, counsellors) in social service organisations.

These workers are counted in health workforce statistics, and in surveys conducted by their professional bodies. Nevertheless, it is frequently difficult to isolate the portion of the health workforce whose primary role is in a social service, rather than a health, setting.

Kaiāwhina and Care and Support Workers

Kaiāwhina and care and support workers make up the largest component of the social services workforce, particularly in disability support, aged care, home and community support, and community mental health settings.

The Te Whatu Ora Health Workforce Plan 2024[5] estimates that approximately 8,200 FTE kaiāwhina are employed directly by Te Whatu Ora, plus an estimated 70,000 care and support workers in the wider community and NGO sector.

Community Support/Community development workers

Almost nothing is known about the number of people working in community support and development roles in New Zealand. Although the most recent "State of the Sector" survey[6] noted that "community services" was the most common service to be delivered by the 272 respondents to its survey, it is unclear as to whether this referred to specifically community development services or more generally to community services of varying types.

Youth workers

Based on 2023 Census data, one study[7] estimates the number of people employed as youth workers in New Zealand as 3015: with largest numbers being employed in Auckland and Wellington. Youth workers consider themselves to be a self-regulated voluntary profession. While they do not have statutory regulation, they do have many of the components required for regulation, including core competency membership, a complaints process and ongoing professional development expectations, as well as working within a Mana Taiohi and Code of Ethics framework.

Family Violence/Sexual violence

Very limited data is available on the number of workers in this sector. The NCIWR publishes annual reports on the 370 paid workers employed in refuges across the country; and at least 400 people are working in the wider family violence and sexual violence sectors.[8] The Centre for Family Violence and Sexual Violence Prevention conducted a Workforce Pulse Survey late in 2025, which had 399 responses[9]. A key issue identified by the survey was barriers to accessing training.

Iwi and Māori Social services

Iwi-led and kaupapa Māori social services employ a mix of regulated professionals (social workers, nurses) and non-regulated cultural and whānau support roles, including kaimahi (workers using tikanga-based frameworks), Navigators and kaitakawaenga (cultural liaisons), Whānau Ora coordinators and navigators, kaupapa Māori youth workers and community developers.

These roles often blend cultural expertise, lived experience, and relational practice in ways that do not fit neatly into Western professional categories. Workforce data is limited, partly due to data sovereignty considerations and inconsistent collection across iwi and Māori providers.

For the purposes of this framework, we propose a distinct sub-group for kaimahi working in iwi and Māori-led organisations, recognising that kaimahi using tikanga frameworks within mainstream

---

[5] https://www.healthnz.govt.nz/about-us/what-we-do/planning-and-performance/health-workforce-planning/health-workforce-plan-2024-detailed-analysis-and-data/workforce-plan-profession-specific-analysis/health-workforce-plan-kaiawhina-and-care-roles-analysis

[6] Community Networks Aoteroa (2024) State of the Sector Survey: Community and Voluntary Sector Survey report

[7] Bruce, J, Ngatai, T, Martin, L., McConnachie, S., Schoone, A. (2025). MAHI TŪTURU: The landscape of Youth Work in Aotearoa. Ara Taiohi, Wellington, NZ.

[8] https://preventfvsv.govt.nz/data-and-insights/fvsv-workforce-surveys

[9] The Centre for Family Violence and Sexual Violence Prevention, 2026. 2025 Family Violence and Sexual Violence Workforce Pulse Survey Insights Report. https://preventfvsv.govt.nz/assets/Uploads/2025-Workforce-Survey-Results-FINAL-.pdf

organisations would be classified within the relevant service-based sub-group (e.g., youth work, family violence, disability support).

Pacific social services

We are not aware of any evidence on Pacific Social Services, although a study noting the rapid growth of Pacific Health Services touches on this area.[10]

Peer support workers

A survey undertaken by Te Pou in 2023 of adult alcohol, drug and mental health services[11] found that lived experience roles comprised about 9% of the overall workforce of 5,165.

Education, training and work brokers

A number of workers across the sector work with individuals facing barriers to their participation in education, training and employment, often as part of wraparound services. Removing or overcoming these barriers allows people to more fully participate in economic and social life. Although little is known about the number of people working in these roles, they include supported employment specialists, vocational rehabilitation practitioners and job coaches.

3.2 Workers on the Periphery: Boundary Issues

In addition to workers in the 11 core sub-groups making up the social services workforce, others sit on the boundaries depending on how narrowly or broadly the sector is defined. This section discusses two groups that present boundary challenges in respect of measurement of the sector workforce.

Volunteers in Structured Social Service Roles

As discussed earlier, volunteers are included in the Global Social Service Workforce definition and make up a significant component of service delivery in Aotearoa New Zealand, particularly in small NGOs, helplines, mentoring, and community support programmes.

There are some very good reasons for including volunteer numbers in any counts of the social services workforce. Excluding volunteers underestimates the true workforce capacity (which may be as high as 16,000 people) and understates the resource investment required to deliver services. In addition, volunteers provide a number of direct services to individuals and whānau[12], and many volunteer roles require training, supervision, and adherence to practice standards. On the other hand, volunteers are unpaid and therefore not part of the formal labour market and volunteer roles vary widely in required commitment, training, and formality.

The approach that we propose to take in measuring the social services workforce is to include volunteers in counts of the social services workforce but distinguish them clearly as a separate sub-group in workforce data and reporting. This allows for separate analysis while recognising their contribution to overall workforce capacity.

[10] Ryan, Debbie et al (2025) "Enhancing Pacfic Health services: the growth and innovation of Pacific providers in Aotearoa" Journal of the Royal New Zealand College of General Practitioners

[11] Te Pou. (2023). *NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services*. Te Pou.

[12] This is particularly true in respect of some roles, such as helplines and crisis support services, mentoring and befriending services, faith-based community support , visitor services, and workers in op shops and food banks.

Organisational Support Staff: Managers, Administrators, and Facilities Workers

Most workforce-based definitions of the social services workforce focus on frontline service delivery roles and exclude organisational support functions (e.g., managers, finance officers, HR staff, IT support, facilities and maintenance workers) from definitions of the social services workforce. The rationale for this is that managers and administrators generally do not provide direct services to individuals, whānau, or communities; and including their numbers dilutes the focus on those occupations that are directly delivering social services.

However, there are strong arguments for including organisational support staff. In Aotearoa these groups were included in the pay equity claim that was being advanced for social services workers up until mid-2025.

Managers and coordinators in social service organisations often have social service qualifications and experience and frequently play critical roles in service planning and workforce supervision, planning, and development. In small NGOs these roles may also involve direct service delivery or case supervision While sometimes viewed as "overheads", this organisational infrastructure is essential to efficient and effective service delivery. Excluding managerial and support roles underestimates the true cost of service delivery and the capacity of the workforce.

The way that we propose to deal with this in the definition is initially to include two separate sub-groups as part of the framework. One would be for those managers and supervisors whose primary role involves supervising, coordinating, or managing frontline social service workers (included in workforce counts but reported separately); and a second line would be for the organisational support workforce, working in roles in such as finance, HR, IT, facilities, and administration.

This approach focuses workforce planning on direct service and supervision roles while recognising that organisational infrastructure is a critical enabler; and gaining an understanding for the first time of the proportion of staff needed to support social services organisations.

4. Provider Types and Service Categories in the Social Services Sector

A different way of looking at the social services workforce in Aotearoa is to consider the diverse range of organisational types and settings; and the range of service categories in which it is employed. These are briefly described below

4.1 Provider Types

Social services providers span a range of types, the most significant of which are:

- **Government and Crown Entities:** such as Ministry of Social Development (MSD) (income support, housing assistance, disability support services, community investment), Oranga Tamariki / Ministry for Children (statutory child protection and care and youth justice), Te Whatu Ora /Health New Zealand (community health, mental health, addiction services), Ministry of Justice (victim support, family court services, community justice), Department of Corrections (rehabilitation and reintegration services), Local government (community development, social wellbeing, housing support), Social Workers Registration Board (SWRB) (regulatory oversight).
- **Non-Government Organisations (NGOs):** These are numerous in number (within the range of about 6-9,000) and extremely diverse in structure and purpose. Clusters include large national NGOs (e.g., Barnardos, Presbyterian Support, Salvation Army, Open Home Foundation), regional and local community organisations, faith-based social service providers (Wesley Community Action, Catholic Social Services), specialist service providers (family violence, homelessness, mental health, disability, youth), and advocacy and sector support organisations (e.g., NZCCSS, Te Pai Ora SSPA).
- **Iwi, Hapū and Māori Organisations**: These are also diverse in nature and include iwi social services (delivered through runanga, iwi trusts, and affiliated organisations), Whānau Ora commissioning agencies and partner providers, kaupapa Māori health and social service providers, urban Māori authorities, and regional/local Māori community organisations.
- **Pacific Organisations:** such as Pacific-led social service providers, Pacific church and community organisations, and Pacific-specific mental health, family violence, and youth services.
- **For-Profit Contractors:** The distinction between NGOs and for-profit contractors is not always easy to ascertain given that they often provide similar services but differ in the structure and ownership of the business. For-profit contractors operating in social services are most common in aged care, residential care, disability support, home care, and supported education and training.

4.2 Service Categories

The social services workforce delivers a wide range of services across multiple domains. The table below summarises key service categories and types of provision available in New Zealand:

Service category	Service examples/types
Child protection and family support	Statutory child protection, family support services, parenting education, early intervention, foster care, adoption support
Family violence and sexual violence	Crisis support, refuges and safe houses, advocacy, recovery and programmes, perpetrator intervention
Youth development and support	Youth work, alternative education support, rangatahi programmes, mentoring, youth justice support
Mental health and addiction	Community mental health support, peer support, counselling, addiction recovery, residential rehabilitation
Disability support services	Community living support, residential care, supported employment, advocacy, respite care, high and complex needs support
Homelessness and housing support	Housing-first services, transitional housing, outreach and navigation, tenancy support, emergency accommodation
Community development	Community capacity building, social cohesion, neighbourhood support, community hubs and centres
Whānau and family services	Whānau Ora navigation, family case management, cultural support, intergenerational wellbeing programmes
Older persons support	Elder abuse prevention, social connection programmes, community, care coordination (where not health-focused)
Settlement and migrant support	Refugee and migrant services, settlement support, cultural orientation
Welfare advice and advocacy	Benefit advocacy, social policy advocacy, rights-based support

4.3 Overlaps and intersections with other sectors

A key challenge in defining the social services workforce is determining where to draw boundaries with adjacent sectors. In practice, many workers and organisations operate across multiple domains, and strict boundaries may not reflect the reality of integrated, holistic service delivery.

The social services sector overlaps significantly with services being provided in other domains as demonstrated in the table below.

Domain	Examples
Health	Community mental health, addiction services, kaupapa Māori health, kaiāwhina roles
Education	Pastoral care, social work in schools, alternative education, youth services
Justice	Victim support, restorative justice, rehabilitation, community sentences
Housing	Social housing support, homelessness services, tenancy advocacy

5. Implications and Next Steps

The primary purpose of developing this framework is to consult with the sector prior to moving forward on the development of a comprehensive workforce survey. Adopting this framework would have several implications for workforce data collection, planning, and development:

- Survey design: Future employer and worker surveys will use this definition and sub-group classifications to ensure consistent, comparable data
- Where possible ANZSCO occupation codes will continue to be assigned but supplemented with role descriptions and functional criteria aligned with this framework
- Data collection would need to respect tikanga and data sovereignty principles, with iwi and Māori organisations leading decisions about how their workforce is described and measured
- A comprehensive national workforce survey using this framework would establish a robust baseline for tracking changes over time (for example, every two-three years, consistent with the Global Mapping Toolkit approach)
- The framework would support targeted workforce development strategies for different sub-groups (e.g., improving supervision for non-regulated workers, expanding pathways into registered social work, strengthening iwi and Pacific workforce capability).

5.1 Consultation process

The consultation questions are set out in the consultation feedback form at the end of this document. We are interested in whether the proposed definition and framework make sense for your organisation, and your responses to the ways in which we have proposed drawing distinctions between the sub-groups.

We will be holding some planned consultations over the next two-three months. However, we welcome feedback from anyone who would like to participate and discuss this – whether as individuals, workplace groups, as a group of regional services or as a specific interest group.

5.2 Next Steps

Following this consultation period:

- Sector feedback will be analysed and incorporated into a finalised framework.
- This will form the basis for a national social services workforce survey to establish baseline data in 2027.
- The framework will inform ongoing workforce planning, education, and policy development.

Appendix One: How Social Services have been defined in New Zealand studies

Productivity Commission "More Effective Social Services" (2015)

In 2015, the Productivity Commission released its inquiry report into enhancing productivity and value in the state sector through improved purchasing of social sector services.[13] This report defined social services broadly as:

> *"Services that directly help people deal with social issues or improve their social wellbeing. These services range from providing information and advice, through to crisis intervention and long-term support."*

The report distinguished social services from income support, housing provision, and justice services, though it acknowledged overlaps. It included services delivered by:

- Government agencies (MSD, Oranga Tamariki, district health boards)
- Community and NGO providers
- Iwi and Māori providers
- For-profit contractors.

This definition focuses primarily on "services" rather than the "workforce" and did not attempt to define specific workforce roles or occupational boundaries.

Public Service Commission: Social Sector

Te Kawa Mataaho Public Service Commission suggests that the New Zealand Public Service is organised around clusters of agencies that work together towards similar outcomes. It defines the "social sector" as comprising agencies that "help to build strong, healthy families and communities and achieve better futures for New Zealanders."[14]

This definition focuses on "agencies and systems" and includes the Social Investment Agency, Ministry of Social Development, Oranga Tamariki, Ministry of Housing and Urban Development, Ministry of Health, Ministry of Education (family and community support), Ministry of Justice (legal aid, family court services), and related Crown entities.

The Public Service Commission definition does not capture the large NGO, iwi, and community workforce, despite the fact that a high proportion of the organisations delivering social services are heavily dependent on funding provided through these agencies.

MSD Social Sector Commissioning Framework (2022)

In November 2021, the Ministry of Social Development released a *Social Sector Commissioning 2022 - 2028 Action Plan*,[15] to improve the commissioning of social services in New Zealand. This document described "social supports and services" as those that:

> *"span across welfare, housing, health, education, child and youth, and justice, and are delivered through government, non-government organisations, iwi, hapū, and Māori community organisations."*

---

[13] https://www.treasury.govt.nz/sites/default/files/2024-05/pc-inq-mess-final-report-v2.pdf

[14] https://www.publicservice.govt.nz/system/public-service-sectors/social-sector

[15] https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/index.html

The MSD framework recognised three main social services provider types:

- Government-funded and delivered services
- Fully government-commissioned services delivered through NGOs
- Services funded by mixed sources (government grants, philanthropy, fundraising) and delivered by NGOs and iwi organisations.

The commissioning framework is currently in implementation phase, but the increasing shift towards a social investment approach has meant that full system rollout is slower than planned.

Toitū Te Waiora (Workforce Development Council) (2020)

Until recently, Toitū Te Waiora was the Workforce Development Council for the Community, Health, Education and Social Services. It has recently been dis-established and replaced by the Education, Health and Community Industry Skills Board.

Toitū Te Waiora provides the only recent workforce-focused estimate of the social services workforce for New Zealand. In 2020, Toitū Te Waiora estimated the social services workforce at 41,090 workers, distinct from (but overlapping with) the health and education workforces it also covered.[16]

This figure is based on industry classification data and includes workers whose primary role involves social support, care, protection, or community development. However, Toitū Te Waiora does not publish detailed role-level breakdowns or methodology for distinguishing "social services" from broader community, health, or education roles.

Community Networks Aotearoa "State of the Sector" Survey of the Community and Voluntary sector (2024)

“State of the Sector” surveys have been conducted periodically since 2014 and provide information on the challenges facing the community and voluntary sector. They do include workforce data, including staff and volunteer numbers, but only partially isolate "social services" workers from the wider community sector (which includes arts, sports, environment, advocacy, and social services).[17]

The 2024 survey found that social/community services comprise the largest proportion of respondents. The types of programmes and services delivered by the organisations surveyed are most commonly community services (49.3%), education (33.8%), family support (27.2%), counselling (21.7%) health (21.3%) youth services (20.6%), and older peoples services (19.5%).

[16] Toitu Te Waiora Workforce Development Council. (2020). *Social services workforce data*. https://www.workforceskills.nz/sector-insights/toitu-te-waiora/workforce-2/ This publication is no longer available online. Later figures used by Toitū Te Waiora, included in a dashboard and based on figures from the 2023 census suggest that there were around 27,110 people working in the “Other Social Assistance services” category, but over 125,000 in wider aged care, health care and residential services.

[17] https://communityresearch.org.nz/?s=state+of+the+sector

Appendix Two: New Zealand Social Services Workforce - Categories

Sub workforce role/group	Regulated? (statutory)	Main settings (NZ)	Primary data sources	Typical data type	Key gaps/issues
Social workers (registered)	Yes. Social Workers Registration Act, mandatory registration via SWRB	Oranga Tamariki, MSD, Te Whatu Ora (hospital & community), NGOs, iwi/Māori and Pacific providers, local government	SWRB Annual Social Worker Workforce Reports (2023 - 2025); SWRB workforce planning papers; MSD "Workforce planning for social workers" report (2020); Te Whatu Ora Health Workforce Plan 2024 (social work section) |	National headcount/FTE by employer type, demographics, practice areas, turnover and intentions to leave	Good data for registered social workers; does not capture unregistered "social work-like" staff in NGOs, Whānau Ora, youth or community roles
Health professionals working in social services settings. (nurses, psychologists, some allied health)	Yes. HPCAA (professional-specific responsible authorities)	Community mental health, addictions, primary care, NGO and iwi health and social services, corrections, some housing and family violence services	Te Whatu Ora Health Workforce Plan 2024 (profession sections); health workforce statistics; sector-specific reports (e.g. mental health & addiction workforce)	National aggregates by profession and setting, sometimes including NGO vs Te Whatu Ora split	Data usually organised by "health" rather than "social services" -interpretation required to identify which parts of the workforce fit social services definition
Kaiāwhina, care and support workers (health and disability, community and aged care)	No. Statutory registration; covered through qualifications regimes	Home and community support, disability support, aged residential care, community mental health and addiction NGOs	Te Whatu Ora Kaiāwhina and care roles section (estimates ~8,230 FTE employed by Te Whatu Ora plus ~70,000 in the community); Care and Support Workforce Qualification Attainment report (2019). Te Pou and NZDSN disability workforce surveys	Headcounts/FTE estimates, qualification levels, turnover and retention, role mix	Fragmented data across funders and providers; no single register; difficult to separate "social services" from broader health/aged care without interpretation
Community support/ community development/ whānau support workers	Non-regulated	Community NGOs, iwi and Māori providers, Pacific providers, local community hubs, neighbourhood and whānau - centred services	SociaLink Training and Workforce Needs report (regional, 2022); Community Research "State of the Sector" 2022 (national NGO sample) Toitū Te Waiora social services workforce estimate (41,090 in 2020)	Staff counts and FTE at organisation level (sometimes combined with volunteers), qualitative descriptions of workforce pressure and capability	No national standard definition; role titles vary widely; many workers captured only as generic "staff" in NGO surveys

Sub workforce role/group	Regulated? (statutory)	Main settings (NZ)	Primary data sources	Typical data type	Key gaps/issues
Youth workers, rangatahi workers, youth development roles	Non-regulated	Youth services, alternative education, justice - related youth programmes, faith-based and community youth organisations	NZCCSS Workforce Guide (role descriptions, 2022); regional youth sector surveys where available; Community Research and local network reports	Role descriptions, indicative numbers in case - studies, limited headcounts	No central dataset; youth work appears as a subset in wider NGO or local surveys rather than as a quantified national workforce
Family violence and sexual violence specialist workforce	Non-regulated (but often working within FVSV frameworks and practice standards	Refuge and safe house services, community family - violence NGOs, sexual violence crisis and recovery services, kaupapa Māori and Pacific FVSV services	MSD FVSV strategy and monitoring reports; MSD Pacific sexual violence workforce study; FVSV Executive Board documentation	Small-scale workforce snapshots, qualitative data on capability, caseloads and burnout	No national FTE census; difficult to disaggregate FV and SV workers from wider NGO staff numbers; many workers in dual roles
Homelessness, housing support and navigation roles	Non-regulated	Housing - first providers, transitional housing services, community housing providers, outreach and navigation services	HUD homelessness cabinet paper (notes pressure on MSD staff and social services); provider-specific evaluations and NGO surveys	Descriptive information on staff pressure and service demand; occasional local workforce snapshots	Workforce usually described qualitatively; headcounts often absent or embedded in broader "social services" figures
Iwi and Māori-led social services kaimahi (social, health, whānau Ora)	Mixed: some regulated (social workers, nurses) and many non-regulated cultural/whānau roles	Iwi social services, Whānau Ora commissioning agencies and partners, kaupapa Māori health and social service providers	SWRB workforce reports (iwi/kaupapa Māori employer categories); Te Pou and Te Whatu Ora estimates of cultural/lived-experience roles; Whaikaha and other Māori workforce reports	Counts of regulated staff where registered, estimates of cultural and peer roles, qualitative accounts of role scope	Non-regulated Māori roles (kaimahi, navigators, kaitakawaenga) are poorly described or quantified; funding streams and role titles vary; data sovereignty considerations limit public detail
Pacific social services and FVSV workforce	Mixed (some regulated professions plus non-regulated cultural/community roles)	Pacifica-led social services, mental health and addiction services, FVSV and youth services	MSD and partner report on Pacific sexual violence workforce; Le Va workforce and capability resources	Qualitative workforce profiles, small - scale FTE snapshots in specific sectors	Limited quantitative data; often covered within broader "Pacific workforce" or "community workforce" discussions
Peer support workers (mental health and addiction, lived - experience roles)	Non-regulated	NGO mental health and addiction services, some Te Whatu Ora services, community recovery programmes	Mental Health and Wellbeing Commission peer support workforce insights paper (361 - 425 FTE 2018 - 2022); Te Pou workforce datasets	FTE counts for peer support in adult MH&A NGOs, share of total workforce, growth trends	Data mostly limited to specialist MH&A; no equivalent figures for peer roles in other social services (e.g. homelessness, youth, justice)

Sub workforce role/group	Regulated? (statutory)	Main settings (NZ)	Primary data sources	Typical data type	Key gaps/issues
Volunteers in structured social service roles	Non-regulated (and unpaid)	Helplines, faith-based and community support programmes, mentoring, visiting services, many small NGOs	Community Research "State of the Sector" (staff vs volunteer numbers); global social service workforce Evidence Matrix framing	Organisation-level numbers of volunteers, broad estimates of hours and roles	Very limited role-level detail; often missing from workforce planning, but crucial to service capacity
Organisational Support roles- managers, professional and technical advisors, facilities staff, administrative staff	Mix of regulated staff in some professional and technical roles but mostly unregulated	All social services organisations and NGOs	Social Services pay equity claim	Organisational level data - payroll	Very limited occupations by industry data available
Misc others (e.g., retail workers in charity shops)	Non-regulated	Range of NGOs (including non-social service NGOs)			

Notes on Using This Table

Regulated workforces: Social workers and health professionals working in social services settings have robust national headcounts from statutory registers (SWRB, HPCAA responsible authorities). These provide the most reliable baseline figures.

Non-regulated workforce: The majority of the social services workforce is not formally regulated, although a number require training/qualifications and operate within professional practice standards. These include kaiāwhina, community support workers, disability support workers, youth workers, family violence specialists, housing navigators, iwi and Pacific kaimahi, peer support workers, and volunteers. Data for these groups is fragmented across sector - specific surveys, regional reports, and NGO workforce studies.

Data interpretation required: For several groups (particularly health professionals in social services, and kaiāwhina/care workers), existing data is organised by health or aged care sectors rather than "social services," requiring interpretation to identify which portions of the workforce fall within scope.

Key evidence gaps:

- No comprehensive national census of the non-regulated social services workforce
- Role titles and definitions vary widely across organisations and sectors
- Iwi, Māori and Pacific workforce data is limited by data sovereignty considerations and inconsistent collection
- Volunteer workforce is rarely quantified in detail despite being essential to service capacity
- Many workers in dual or hybrid roles (e.g., combining youth work with family violence support) are difficult to categorise

Appendix Two: Consultation Questions

1. Is the proposed definition clear and does it fit the reality of the social services workforce?
2. Have any occupations been missed out from the proposed definition or have any occupations been included that shouldn't have been?
3. How well does the framework recognise iwi and Māori social service roles?
4. Are there other social services roles being performed within specific cultural contexts that should be included?
5. Are there newly emerging roles that we should consider including?
6. Should the definition include:
    - volunteers
    - people managing and supervising those directly delivering social services
    - people in organisational support roles (such as finance, IT, admin and HR staff)?