

**MĀORI NON-REGULATED  
HEALTH & DISABILITY WORKFORCE**

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## Presentation

- **General overall findings from three reports commissioned by MoH:**
  - *Developing the Non-Regulated Māori Health Workforce: Scoping Paper; December 2009*
  - *Non-Regulated Māori Health & Disabilities Workforce (NRMHDW) Project: Scenario Testing – Competencies, Training & Qualifications; August 2010*
  - *National “Think Tank” Hui of Maori Public Health Workers: Report: September 2011*
- **Key issues**
- **Recommendations**
- **Considerations going forward**

### **Key issues for Kaimahi Māori**

- **Diverse group**
- **Make up largest no's of the Māori Health Workforce**
- **Aspects of uncoordinated training & development**
- **Lower paid workforce**
- **Issue for smaller providers to release & support financially**
- **No single agreed set of competencies – attempts made**
- **Whānau Ora policy setting**
- **In developing - may lose some experienced kaimahi**
- **Big question – to regulate or not to regulate?**

## **Aspects of uncoordinated training & development**

- **Lack of training opportunities, other than compliance**
- **Competing work commitments**
- **Limited budget / resources**

**Lower paid workforce – self funded training a barrier**



Majority of Maori health workers are NRWF including these groups who either work alone or in teams performing a vital role in the delivery of services to Maori.

Some investment has gone into this workforce over the years by the Ministry or various funding organisations in various forms to improve organisational capability, networking, competency standards and training, career structure and pathways moving towards some form of regulation.

The role needs to be defined as it differs across the sector

**Definition:** The non-regulated workforce, as defined in this paper, can be summarised as people who have **direct personal care interaction with clients, patients or consumers** within the health and disability sector and who are not subjected to regulatory requirements under health legislation. Definition of this workforce reflects inclusions and exclusions as per the coverage agreed between DHB Workforce Strategy Groups.

The non-regulated workforce spans inpatient hospital services (for example healthcare assistants and orderlies), residential care workers, community and home based services, as well as workers in the field of mental health disability and needs assessment and service coordination. The workforce includes paid and unpaid workers (for example family / whanau carers and volunteers). The workforce's focus of care is respectively restoration, recovery, rehabilitation, participation and independence across the service spectrum.

On left

Includes all non regulated roles with an emphasis on CHW, Kaimahi Maori etc.

Focus on Public health, early intervention etc vs recovery rehabilitation, participation

## Summary of Recommendations

- Develop a national strategy for the NRMHW
- Definition of NRMHDW
- System of data collection needed
- Development pathways for 3 key groups
  - Māori Community Health Workers
  - Rongoā Practitioners
  - Māori working in community support sectors
- Work with workforce to move to Whānau Ora
- Consider indigenous developments – internally & externally
- Agreed competency framework, training, career pathway & structure
- More strategic policy & resources needed
- Greater coordination & action opportunities e.g regional training; pool workforce funds
- Small taskforce of key stakeholders be established to direct this project along with senior level project capacity

Diverse group

Reliable system to better profile workforce

Definitions differ – strategy differ

Agreed competency model grounded in Māori models and approaches developed by the NRWF Interface with clinical – part of the team not subservient

**Relook at workforce components in contracts to pool funds for better strategic workforce development**

Interface with clinicians

Training – flexible and accessible learning



Whanau Ora should be a fundamental driver to the design and development of the workforce – therefore the greatest potential is to develop the kaimahi Maori

If the Ministry or sector had to prioritise where it invests energy, resources without demeaning the importance of each group.

## Considerations going forward

- **National approach & co-ordination**
  - ◆ Strategic and political leadership
  - ◆ Buy-in and ownership from key stakeholders
  - ◆ Adequate project and development resourcing
- **Led by the workforce**
- **Future focussed**
- **Agreement on regulation**
- **More collaboration is needed between organisations in this space**
- **Just “Nike”!**



## Key steps for Kaimahi Māori towards regulation

### Key Steps:

1. **Policy work toward feasibility of regulation**
2. **Definition of roles, competency development and career pathways**
3. **Design, realignment and standardisation of training**
4. **Accreditation of educational programmes and providers**
5. **Certification of Graduates**
6. **Regulation of Practitioners**

### Key Elements:

1. **Strategic and political leadership**
2. **Buy-in and ownership from key stakeholders**
3. **Adequate project and development resourcing**