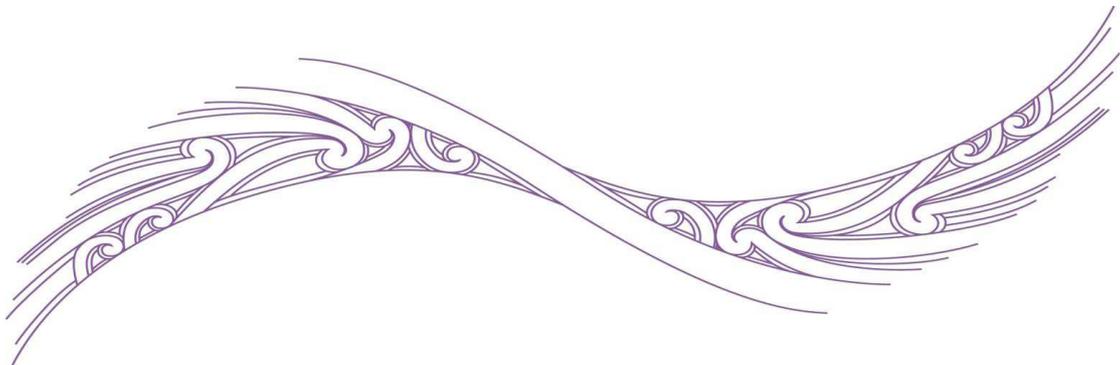# HEALTH AND DISABILITIES,

SOCIAL SERVICES,

AND

WHĀNAU ORA

SUMMARY REPORT

Māori Qualifications Services
June 2013

Contents

Introduction

This summary report is intended to inform the mandatory review of the Heath and Disabilities, Social Services and Whānau Ora qualifications which is part of a programme of work being undertaken by the New Zealand Qualifications Authority (NZQA). The *Targeted Review of Qualification* (TROQ) was initiated in 2008 in response to concerns raised by employers, employees and unions about the clarity and relevance of qualifications, particularly vocational qualifications, and focuses on qualifications at levels 1-6 on New Zealand's ten-level qualification framework (NZQF). One of the recommendations of that review was the *mandatory and periodic review of qualifications to determine whether they were still fit for purpose.* In summary terms, the mandatory review aims to reduce the duplication and proliferation of qualifications on a national scale and ensure that qualifications are useful, relevant and valuable to current and future learners, employers and other stakeholders.[1]

This report provides a summary of five reports that will contribute to a *'Needs Analysis'* to support the development of appropriate qualifications for Heath and Disabilities, Social Services and Whānau Ora on the New Zealand Qualification Framework (NZQF). The five reports that were provided and analysed were:

1. *Developing the Non-Regulated Māori Health Workforce.* A Scoping Paper for the Ministry of Health (December 2009)

2. *Non-Regulated Māori Health & Disabilities Workforce (NRMHDW) Project. Scenario Testing – Competencies, Training and Qualifications.* A Report prepared for Ministry of Health Māori Health Workforce Development and Innovations. (August 2010)

3. *National "Think Tank" Hui of Māori Public Health Workers.* A Report prepared for Public Health Ministry of Health (September 2011)

4. *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* Industry Training Organisation (ITO). Careerforce

5. *Whānau Ora Workforce Development.* A Report prepared for Te Puni Kokiri. (October 2012).

Three of the reports were commissioned by the Ministry of Health, one from Te Puni Kokiri and one from Careerforce.

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[1] http://www.nzqa.govt.nz/qualifications-standards/qualifications/health-and-disabilities-social-services-and-Whānau-ora/mandatory-review-of-qualifications/

Service Objectives

The overall approach to this summary report as defined by the terms of reference was to focus on the following six objectives:

1. Determining and describing appropriate 'categories' of Whānau Ora qualifications (for current analysis and potential future landscape), if applicable/appropriate.

2. Future focus for Health and Disabilities, Social Services related employment, and Whānau Ora pathways – and information/trends/demand that may support the need for future qualifications or particular skills sets.

3. Identifying the future business direction and workforce needs in respect of the broader Health and Disabilities, Social Services and Whānau Ora context.

4. Bridging the gap – identifying workforce issues and finding possible solutions / conclusions to address issues through the development of appropriate qualifications and training.

5. Understanding the learner – who are they, delivery mode preferences, what motivates career decisions, recognition and transfer of skills across employers/borders etc.

6. Identifying and interpreting specific needs of whānau, hapū, and iwi.

This summary report clearly articulates the themes and findings arising from the five reports covering, as appropriate, the industry profile, skill profiles of key roles in the Health and Disabilities, Social Services and Whānau Ora sectors, current qualifications, future needs of whānau, hapū and iwi references.

This report also provides detail of the above objectives to answer the following question:

How do you know and what evidence do you have in support of the proposed qualifications that these are the right qualifications for your industry?

This report will be presented to the Governance Group and following their feedback and the feedback from the MQS/Ministry of Health Project Team, a final report will be completed.

Methodology

In line with the overall approach and objectives defined by the terms of reference, five publications, supplied by NZQA and relevant to the specifications in the services, were analysed, themed and assessed against the goals of this summary report. Consultation was not part of the terms of reference brief.

Executive Summary of the Five Reports

Developing the Non-Regulated Māori Health Workforce

In December 2009, the Ministry of Health commissioned Digital Indigenous.Com Ltd to produce a scoping paper titled, *Developing the Non-Regulated Māori Health Workforce,* outlining the current status of the non-regulated Māori health and disability workforce (NRMHDW). This report outlines current workforce development issues and proposes a number of strategic recommendations to further develop and strengthen this workforce.[2]

Non-Regulated Māori Health & Disabilities Workforce (NRMHDW) Project. Scenario Testing – Competencies, Training and Qualifications

In August 2010, Digital Indigenous.Com Ltd undertook further investigations into the development issues of the NRMHDW. The aim of the investigation was to scenario test the issues identified in the scoping report to determine whether they were the same as experienced by primary groupings of the NRMHDW and their employers. In particular, they were tasked with investigating barriers to workforce development, and/or whether gaps in skills and competencies exist in current job descriptions, and whether pathway career development plans are adequate to meet their purpose. [3]

National "Think Tank" Hui of Māori Public Health Workers

In September 2011, Digital Indigenous.Com Ltd facilitated a series of five hui across the country to discuss and give feedback and direction to the following topics:

> ➢ Professionalism of the Māori Health Promotion Workforce
> ➢ The Generic Public Health Competencies (GHPCs)

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[2] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce:* A Scoping Paper for the Ministry of Health. References to this scoping paper in this summary report will be referred to as the 'Scoping Report'.
[3] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p.9

> ➤ The establishment of an alumni or other appropriate Māori public health association, forum, or network
> ➤ Innovative approaches to sharing Māori public health practice and,
> ➤ Future workforce needs.
> ➤

The feedback from those five hui is summarised in the report, *National "Think Tank" Hui of Māori Public Health Workers.* The report is aligned with the Ministry's *Te Uru Kahikatea: Māori Public Health Workforce Development Plan* and focuses on two objectives within the plan:

> ➤ To ensure sustainable Māori leadership across the public health sector and,
> ➤ To strengthen public health action by increasing the knowledge and skills base of the public health sector, support workforce development and provide leadership and collaboration.

Specific refinement to the plan identified eight priorities to build the capacity and capability of the Māori public health workforce over the next three years. This summary report is presented against those eight priorities to identify whether the views of the hui participants align with those priorities.

The Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors

This report was completed by the Industry Training Organisation (ITO) Careerforce. Overall, they found a large number of strategies and plans in various stages of implementation but little in the way of empirical research that would help inform the qualifications review. The literature was analysed and synthesised to address the following topics/themes:

> ➤ Overview of each part of the sector
> ➤ Characteristics of the workforce in relation to their learning needs
> ➤ The external/government policy environment relating to health/social services/disability/aged care education in New Zealand
> ➤ The body of knowledge/curriculum for health/social services/disability/aged care
> ➤ Current and emerging skills requirements in the non-regulated health/social services/disability/aged care services
> ➤ Gaps identified in qualifications and qualification pathways
> ➤ Areas of potential for integration within the parts of the sector
> ➤ How these areas are being integrated and what effect this will have on pathways and qualifications i.e contracts for service provision
> ➤ How do they do things in Australia and the Unite Kingdom.

The Whānau Ora Workforce Development Report

This report provides information on social and health sector workforce issues and opportunities relating to implementing a Whānau Ora approach, including the identification of issues of supply and demand. In the short term, the report will contribute to the development of a Te Puni Kōkiri Whānau Ora workforce programme of activities. More broadly, the report scopes potential Whānau Ora workforce initiatives.

Industry profile

The majority of the Māori health and disability workforce is made up of non-regulated health workers. They are a diverse group of highly valued workers that include kaimahi Māori (who make up the largest numbers in the Māori health workforce) and Community Health Workers (Iwi Health Workers), Public Health Workers and Kaiāwhina. A detailed list of the non-regulated Māori Health and Disability Workforce and their occupational groupings is attached to Appendix 1.

The Non-Regulated Māori Health and Disability Workforce (NRMHDW) focuses primarily on public health, community health, primary care, Whānau Ora, screening and early intervention end of the health spectrum. It includes both Māori specific and generic roles with an emphasis on Māori health. Roles may be independent or work alongside the regulated workforce in the delivery of health services and programmes to Māori communities either through Māori health providers and/or mainstream health services.

The term *non-regulated workforce* defines those health workers who are not 'regulated' or 'registered' health professionals and are not subjected to the Health Practitioners Competence Assurance Act 2003 (HPCA Act 2003) and the Social Work Registration Act 2003 (SWR Act 2003). A DHB Workforce Strategy Group has defined the non-regulated workforce generally 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"…the non-regulated workforce spans inpatient hospital services (e.g. 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". (e.g. whānau carers and volunteers).

Although not officially defined by Māori or agreed to nationally, the non-regulated Māori workforce operates across diverse roles, professions and sectors and is generally described as:

"Kaimahi Māori working in the areas of community health, public health, early intervention (including screening), primary care, disease-state management, whānau ora, the disability support and mental health areas, rongoā Māori, or in cultural whānau support roles in secondary care. Included also are Māori home health carers, orderlies, volunteers, kaumātua, nor does it exclude Māori management, governance, policy or research roles in Māori health".

Each of these definitions has a different focus. The emphasis of the generic definition of non-regulated workforce is on rehabilitation, recovery and support of individuals whereas the Māori definition focuses mainly on early intervention, primary care and whānau ora. These differences could have serious implications for Māori health as sector development under the banner of the non-regulated workforce development would not include the bulk of the Māori non-regulated workforce as defined by Māori.

Size

There is a lack of accurate or recent profiling data on the health and social services workforce however, in 2004, the New Zealand Institute of Economic Research estimated the total size of health and disabilities workforce (both registered and unregistered) was approximately 120,000. Of this figure Māori health and disabilities workforce represents approximately 20% (18,500), with 78% (14,500) in the unregulated workforce. At the 2006 Census the social services workforce was approximately 19,425 with 4,000 who identified as Māori. It is important that workforce data from the provider collectives is gathered to assist with workforce planning.[4]

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[4] Ministry of Health (2006) *Health Workforce Development (an overview)* cited in Eruera, M. (2012) *Whānau Ora Workforce Development.*

Determining and describing appropriate 'categories' of whānau ora qualifications (for current analysis and potential future landscape) if applicable/appropriate

Current Landscape

At present there is training required from governance and management through to whānau centred training. Governance training is diverse but providers are joining together in collectives to provide an overarching governance group. Management, coaching and mentoring is also recognised as a training need.

Whānau centred practice training primarily focuses on whānau collectives and also attends to individual needs. For example, kaupapa Māori models, whānau planning, facilitation training, supervision, coaching and mentoring, action research and training to support the WIIE fund. Training and resourcing of Navigators is also required.

Future Landscape

Provider collectives recognise the need for workforce development and a needs analysis to best understand skill, best practice and role scope and descriptions. One of the most important roles is that of the Navigator. This role needs recognition and development. The Navigators role is diverse and is primarily to identify strengths within whānau, facilitate and mentor whānau to identify aspirations, and provide 'wrap around' or multi-disciplinary support by drawing on a range of approaches to support whānau in achieving their aspirations. Navigators work with all whānau members and not just individuals, they provide advocacy and support in accessing services, and help whānau learn new skills so they can transition from dependency to tino rangatiratanga, or as self managed as possible.

The role of Navigators include the following skills: (See figure 1)[5]:

> Whānau planning and facilitation
> Providing information and advice
> Communication skills
> Problem solving and conflict resolution
> Leadership skills
> Tikanga and Te Reo
> Networking and liaising with services across the collective
> Brokering/advocacy, mentoring/coaching

Figure 1
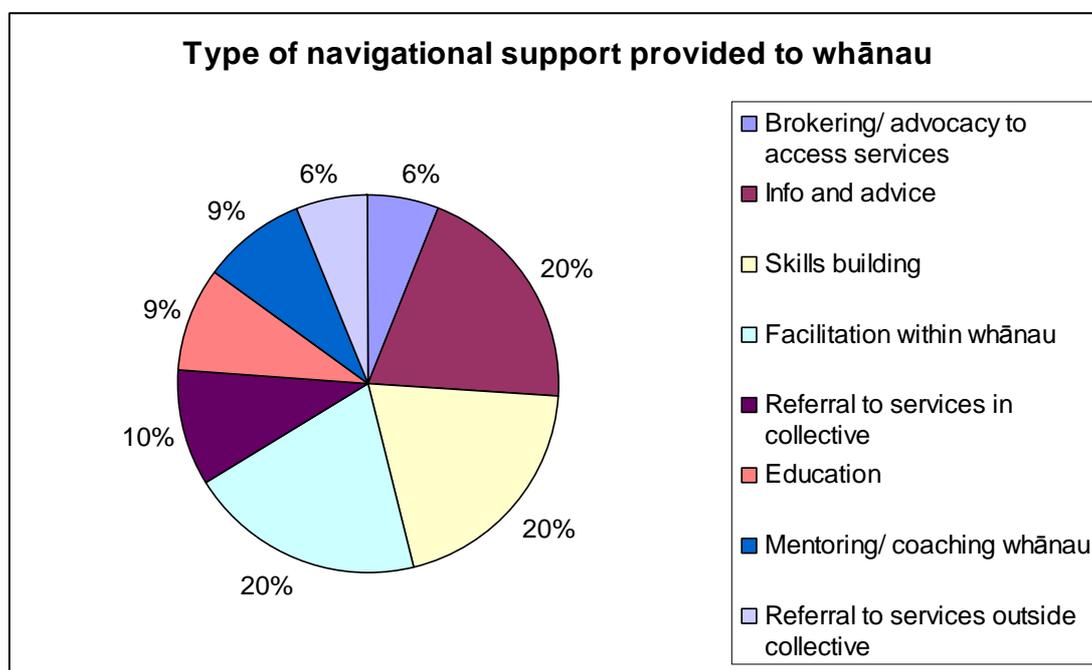
There is a need for consistency of skills, approach and qualifications required for the role of Navigators. As stated, this role is vital to the success of Whānau Ora so the qualifications required should reflect that and be geared to ensure this is nationally recognised and will achieve best results.

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[5] Te Puni Kokiri (2012) *Tracking Whānau Ora Outcomes*. Information Collection Trial – 1st Phase Results – 30 Pipiri / June 2012. p.24

Future focus for Health and Disabilities, Social Services related employment, and Whānau Ora pathways – and information/trends/demand that may support the need for future qualifications or particular skills sets

Broad Future Trends for the Māori Health Workforce

The demographics for Māori are changing in that the Māori population is increasing at a higher rate to the non-Māori population. Also, there is an increase in the older Māori population as well as the younger population which means two things:

➢ More Māori are in that sector of the population that are in need of help

➢ There are less Māori in the workforce aged category and therefore a greater need for skilled and qualified providers.[6]

Over the next 10 to 15 years, the Ministry of Health is focused towards building a competent, capable, skilled and experienced Māori health and disability[7] workforce. This vision is expressed in *Raranga Tupuake* - the Māori Health Workforce Development Plan. There are three goals to achieve this vision:

➢ Increase the number of Māori in the health and disability workforce

➢ Expand the skill base of the Māori health and disability workforce.

➢ Enable equitable access for Māori to training opportunities.

Education and training sector organisations such as the Ministry of Education, the Tertiary Education Commission (TEC), Career Services, training providers, industry training organisations (ITOs) and wānanga will play pivotal roles in realising the aim of Raranga Tupuake.[8]

The broad future trends for the Māori health workforce which may have an impact on workforce needs in 5 – 30 years include:

➢ The rising influence of globalism

➢ Inequalities widen through global economic recession and austerity measures

➢ New and more frequent disease pandemics as viruses mutate and resist medicines

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[6] Kaahukura Enterprises (October 2012). *Whānau Ora Workforce Development*. A Report prepared for Te Puni Kokiri. p.11.
[7] A key objective in the *Disability Support Services Workforce Action Plan* (Ministry of Health, 2009) is building a competent workforce that highly values and actively supports disabled people, and their family/Whānau.
[8] Ministry of Health. *Raranga Tupuake – Māor Health Workforce Development Plan 2006.*

- ➤ Scarcer resources and competition for those resources, such as food, water, energy, and land
- ➤ Frequent large scale disasters through the effects of global warming, pollution, extreme earthquakes, nuclear mismanagement
- ➤ The burden of an ageing population
- ➤ A shrinking tax payer base and there smaller health system and public service
- ➤ Our political system is likely to be more unstable
- ➤ Clinical and medical advancements
- ➤ Technology shifts
- ➤ Community mobilisation will be heavily social media driven
- ➤ Iwi having more economic, political and social strength as treaty claims are settled
- ➤ A growing Asia Pacific identity as our demography changes
- ➤ Te reo and tikanga development and use becoming more normal and greater sub-cultural and cross cultural tribalism.

Changing Trends

New Zealand's changing population structure and shifts in epidemic diseases that create a greater emphasis on prevention and treatment of chronic conditions, and innovations in health care delivery will increase the sector's reliance on non-regulated workers (Medical Training Board, 2009).

Changes in telemedicine, scientific and medical information has empowered individuals with less extensive clinical training but strong personal and community skills to be part of medical teams for improving access, community engagement, outreach, and early diagnosis in Māori communities. The global trend for Community Health Workers has been to move to some form of regulation or practice certification.[9] Rapid changes in the health, disability, aged support and social services sectors has also meant that there is greater integration of services and a more person-centred approach,.[10]

With the reviews of the Social Work Registration Act 2003 (SWR Act 2003) and the Health Practitioners Competence Assurance Act 2003 (HPCCA Act 2003), now is the opportune time to scope the feasibility of regulation of Kaimahi Māor and Community Health Workers under the provisions of the above Acts. As stated earlier, statics concerning Māori in social services workforce also support the need for a qualified health workforce.[11] The big question is, to regulate or not regulate?

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[9] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health.* P. 12

[10] Industry Training Organisation (ITO). Careerforce (YEAR*) Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* P.1.

[11] Kaahukura Enterprises (October 2012). *Whānau Ora Workforce Development.* A Report prepared for Te Puni Kokiri. p.11.

Capacity and Capability Building of the Māori Public Health Workforce

Māori Health and Disability Workforce development is the process of strengthening the capacity and capability of this particular workforce in order to maximise its contribution to improved health outcomes for Māori.[12] The Ministry has identified eight priorities to build the capacity and capability of the Māori public health workforce. Those priorities are:

1. Māori public health career pathways
2. Māori cultural competencies and the generic public health competencies
3. Professionalising the Māori public health workforce
4. Developing the Māori public health networks
5. Mentoring
6. Providing support for the Māori public health workforce in mainstream organisations
7. Developing whānau, hapū, iwi and Māori communities and;
8. Māori public health workforce intelligence.[13]

In recent years, there has been ongoing investment in Māori health workforce development funded largely by the Ministry of Health and district health boards. Workforce strategies and programmes have been established to increase the number and quality of Māori participation in regulated professions and to provide access to training opportunities, both clinical and cultural. Research suggests there are significant skills gaps in the current Māori public health workforce which presents an added problem for training.[14]

Māori Public Health Career Pathways

At present there are no clear career pathways developed for Kaimahi Māori, Community Health Workers and other health sector models. The greatest barrier to career development of Māori Community Workers is the 'absence of a consistent competency base that training and career structures can build off'.

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[12] Taupua Waiora (2007). *Rauringa Raupa - Recruitment and Retention of Māori in the Health and Disability Workforce*. Auckland: Faculty of Health and Environmental Sciences, AUT University. p.14.
[13] Digital Indigenous.Com Ltd (2011). *National 'Think Tank' Hui of Māor Public Health Workers*. Pp. 6-7
[14] Industry Training Organisation (ITO). Careerforce (YEAR) *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* P.1.

A broad based competency framework and education will address competency gaps and enhance the soft skills and experience these workers possess and that are valued by Māori. It will also raise the mana of the role and provide more career pathways and opportunities. The table below proposes a career pathway and structure based on available qualifications. This will need to be adjusted during the process of competency development as current qualifications of this workforce need to be properly assessed.

Career Pathway	Qualifications
Minimum standard for regulation of all existing Kaimahi Māori, Māori Community Health Workers and Kaiawhina	National Certificate in Hauora (Māori Health) Level 4
Experienced Kaimahi Māori or Community Health Workers with specialisation into a particular health field	National Diploma in Hauora (Māori Health) Level 5
Team Leader, manager of a community health programme, senior specialist	Bachelor's degree in Public Health, Health Sciences, Hauora Māori
Manager of a service of community health workers, senior practitioner, manager of a health provider, or charge of major programmes	National Postgrad Diploma in Hauora (Māori Health) Level 6

Because the NRMHDW is diverse, it is suggested that three natural groupings be formed and a different development pathway proposed for each group. **It is recommended that:**

1. Kaimahi Māori and Community Health Workers and other like occupation move down a pathway of job definition, competency development; standardised training and regulation

2. Rongoā practitioners be allowed to debate further their development with a view to agreeing on some standards and training development. It may be best to suggest they look at other matauranga based developments.

3. Māori in the community support, residential and disability and rehabilitation sector be supported by sector initiatives with the Ministry ensuring there are clear Māori workforce strategy and outcomes in the strategic work and performance on Māori training outcomes by Career Force, the health and disability ITO. The Ministry needs to prioritise Kaimahi Māori and Community Health Workers for significant development.[15]

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[15] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health.* P.4.

Career aspirations of the workers interviewed for the scenario testing focused mainly on improving their individual personal practice and improving the effectiveness of their health programmes.[16] The majority of Kaitiaki feel that there are limited career pathways and career options for their roles other than sideways moves to similar roles in other sectors. Many spoke of the need to professionalise the role so that it is valued by other health professionals. Majority saw themselves pursuing other careers related to Māori health either clinical, management or in counselling. Those that had formal qualifications saw themselves completing more qualifications to pursue other career options.[17]

In contrast to the investigation where a worker was operating toward a regulated profession, there were clear stair-cased training options available, a career structure and pathway, mentoring and supervision, and better future career prospects. Thus, if the iwi health workers, health promoters, kaitiaki, and support workers moved together toward some form of regulation, then structured career development would become the norm.[18]

It is imperative that the future focus is on developing a qualified Whānau Ora workforce to provide permanent employment and pathways for the workforce. As stated earlier 2004 Statistics in health show that only 20% (18,500) of the 12,000 employed in health are in Māori health. Of these 18,500, 14,500 are unregulated. The focus has to be aimed at changing this statistic. This is imperative as the Māori demographic changes to a population comprising mainly young and old people, more people will be in aged care.[19] There also needs to be a focus on sharing of knowledge and skills across agencies. This may assist in building the capacity of those in Māori health.

Māori Cultural Competencies and the Generic Public Health Competencies

The Public Health Association (PHA) describes competencies as "*the ability to apply particular knowledge, skills, attitudes and values to the standard of performance required in specified contexts"* (PHA, 2007). The requirement and desire for specific competency development for Kaimahi Māori and Community Health Workers has been talked about for many years but not yet achieved. (MacDonald & Co, 1997: Dyall, 1998; Haretuku 2000: PHA 2007). There is currently no single agreed set of competencies.

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[16] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p. 14
[17] Ibid: pp. 24-25.
[18] Ibid: p.43.
[19] Kaahukura Enterprises (October 2012). *Whānau Ora Workforce Development*. A Report prepared for Te Puni Kokiri. p.11.

Some of the issues around the lack of achievement of this goal have been:

➢ Tensions between Māori models and frameworks of hauora and generic health competencies
➢ The perceived lack of ownership and self determination over Māori competencies by Māori Community Health Workers and the apprehensions over loss of flexibility and innovation that comes with standardised scopes of practice
➢ Whether Māori Community Health Workers sit within public health or public health is merely a component of broader Hauora Māori
➢ Ad-hoc funding and resourcing and the need for strategic leadership and time to effectively complete the development of competencies. It should not be underestimated the resources and engagement that will be required to complete sector support for competencies.

The PHA NZ has developed Generic Public Health Competencies under two domains; Public Health Knowledge and Public Health Practice that comprise of 12 competencies. These are set out in the following table:

Public Health Knowledge	Public Health Practice
1. Health systems	1. Te Tiriti o Waitangi
2. Public Health Science	2. Working Across and Understanding Cultures
3. Policy, Legislation, and Regulation	3. Communication
4. Research and Evaluation	4. Leadership, Teamwork and Professional Liaison
5. Community Health Development	5. Advocacy
	6. Professional Development and Self Management
	7. Planning and Administration

Views expressed at the 'Think Tank' hui on the general public health competencies (GPHCs) were that they were scant around Māori skills, concepts, competencies and capability. Some questioned their relevancy in a community setting and how they would be assessed and monitored and where Whānau Ora fit in. According to Careerforce, there has been a significant improvement in the achievement of national qualifications in recent years. In 2012 and 2011, the completion rate across all Careerforce qualifications was 74% compared with 47% in 2010 and 27 % in 2009. In 2012, 4363 national certificates were completed through Careerforce.

Prior to its merger with Careerforce, the Social Services ITO (SSITO) embarked on developing *Skills for Wellbeing 2020: A Workforce Development Framework for Social Services and Community Building.* In 2010, a discussion document was released that was predicated on a 'coordinated approach, open to the whole social services, voluntary and community sector.' The proposed framework was aligned to the visions of Whānau Ora and the SSITO framework sought to achieve shared understandings as well as improving transferability of knowledge, skills and attitudes of all social service and community workers, paid and voluntary. The framework also focussed on complementing the competency frameworks of the professions making up the workforce registered under the HPCA Act 2003.

The following skills were identified as needed by the framework:

> ➢ Working in partnership with individuals, families and Whānau
> ➢ Contributing to Whānau Ora
> ➢ Contributing to the wellbeing of Pacific peoples
> ➢ Building communities
> ➢ Valuing diversity
> ➢ Promoting rights and responsibilities
> ➢ Reflecting and learning

Performance indicators were developed for 3 levels of competencies 'Essential', 'Practitioner' and 'Organisational Leader'.

Proposed Māori-led Competency Framework

It is suggested that Tikanga and Kaupapa Māori approaches and models should be considered in the development of training competencies (Takarangi Model is an example) Māori values, beliefs, world view and customs should form the basis of NZQA courses and learning and be Māori-led, designed, assessed and monitored. Furthermore, they should go beyond conventional public health, be future proofed & transferable, bridge qualification diversity.[20] Taking the best of local[21] and international[22] competency frameworks, a proposed Māori-led model, subject to consultation, could comprise of the following: (see figure 2)

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[20] Digital Indigenous.Com Ltd (2011). *National 'Think Tank' Hui of Māor Public Health Workers.* pp. 9-34
[21] The PHA NZ Generic Public Health Competencies and the Counties Manukau District Health Board.
[22] The National Indian and Inuit Community Health Representatives Organisation and the Community Health Worker Initiative of Boston. *Developing the NRMHDW.* P. 23.

Figure 2

Scoping Report Kaimahi Māori & Community Health Worker Competency Framework

The Ministry notes that any proposed Māori competency framework must be grounded in Māori models and approaches and be developed by Kaimahi Māori and Community Health Workers.[23] Finalisation of the model will come after consultation if it is to have any merit. A stronger clinical component and technology component may be required for the needs of the future.[24]

Professionalising the Māori Public Health Workforce

There is general support for a move to professionalisation of the Kaimahi Māori and Community Health workforce (in some form) and one reason for that is to *improve and maintain competencies and quality standards.*[25] The journey towards professionalism will need to have a clear training and career structure.

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[23] It is suggested in the Scoping Paper *Developing the Non-Regulated Māori Health Workforce* that NZQA be approached to review the standards and add others to form a new sector sanctioned qualification be pursued and also an opportunity be given to input into accrediting tertiary providers. p. 5.

[24] Ibid: p. 34.

[25] Digital Indigenous.Com Ltd (2011). *National 'Think Tank' Hui of Māor Public Health Workers.* P.9.

The long term goal for the Kaimahi Māori and Community Health Workers is for some form of regulation. In order to achieve this goal it requires the following six key steps:

1. Policy work toward feasibility of regulation
2. Definition of roles and 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

Success of these goals requires strategic and political leadership, stakeholder buy-in and ownership and adequate project and development resourcing.[26] More policy work towards this long term goal is required and further scoping work may need to be undertaken.[27]

Developing the Māori public health networks

Participants at the 'Think Tank' hui generally supported developing an appropriate Māori public health association/network or body to represent their interests. In the immediate term a single Māori body could be:

➢ A new standalone association
➢ Merging existing Māori capacity; or
➢ A single Māori network across existing organisations (e.g. Tautoko PHL Network)

In the longer term the network/body needs to:
➢ Manage all aspects of Māori public health workforce development
➢ Be supported by the Ministry of Health and other key agencies
➢ Be totally inclusive of all Māori public health, community and Whānau Ora workers
➢ Extend beyond health into education, social development, justice and Māori development
➢ Be viable, sustainable and political whim proof
➢ Autonomous and self determining
➢ Have a greater connection with iwi organisations
➢ Be linked to global health organisations e.g. WHO[28]

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[26] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health.* pp 21-22.
[27] Ibid: p.34
[28] Digital Indigenous.Com Ltd (2011). *National Think Tank Hui of Māor Public Health Workers.* p.3.

Mentoring

The literature suggests that different learning styles need to be catered for and a mentoring regime implemented. It is also suggested to increase the use of Māori health professional role models and mentors in promoting workforce development. – Ministry of Health, DHBs, Tertiary education institutions, TEC

Providing Support for the Māori Public Health Workforce in Mainstream Organisations

It is acknowledged in some of the reports that to improve Māori health, support is required from mainstream organisations. There is insufficient evidence in the reports to comment further on what support is actually provided.

Developing Whānau, Hapū, Iiwi and Māori communities

The Whānau Ora model is based on a comprehensive approach to whānau. Strengthening whānau integrity and achieving the best possible outcomes for whānau demands knowledge and skills not necessarily required when dealing with individuals. The Whānau Ora framework recognises that whānau is the primary kin, social and cultural grouping for Māori. Whānau are therefore central to the intervention and service delivery to improve whānau wellbeing and outcomes. This focus on the whānau is aimed at reducing the gap in health and socio-economic disparities for Māori. Although this is generally understood, achieving positive outcomes within the implementation of service delivery and practice still requires further work and development.[29]

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[29] Kaahukura Enterprises (October 2012). *Whānau Ora Workforce Development*. A Report prepared for Te Puni Kokiri. p.14

Māori Public Health Workforce Intelligence

The Ministry must prioritise where it should invest energy and resources and how it should approach pathways of development without demeaning the importance of NRMHDW. One area in particular that the Ministry is focused towards developing further is **Māori leadership** in the health system. Outlined in Public Health's *Te Uru Kahikatea: Māori Public Health Workforce Development Plan* are two objectives:

1. To ensure sustainable Māori Leadership across the public health sector;
2. To strengthen public health action by: increasing the knowledge and skills base of the public health sector; support workforce development; and provide leadership and collaboration.

Māori leadership is a fundamental driver in promoting healthy lifestyles, re-orienting the health system, developing the workforce and mobilizing communities toward improving their health status.[30] The health system of the future is likely to need qualified case workers and leaders able to manage and lead in the new health care system i.e. they would need to have a comprehensive knowledge across the system rather than an in-depth knowledge of, for example, aged care.[31]

A suggested innovative training development is to create a Māori public health and leadership website featuring best practice exemplars, best evidence synthesis, and forum for discussion and sharing ideas. Leaders network, role modelling, mentoring, Iwi leaders, kaumatua, Politicians, Māori Public Health Leaders' Network and Action Learning Groups

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[30] Digital Indigenous.Com Ltd (2011). *National Think Tank Hui of Māor Public Health Workers.* P.6

[31] Industry Training Organisation (ITO). Careerforce (YEAR) *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* P.19.

Identifying the Future Business Direction and Workforce Needs in Respect of the Broader Health and Disabilities, Social Services and Whānau Ora Context.

He Korowai Oranga – Māori Health Strategy

The direction for Māori health development in the health and disability sector is set out *in He Korowai Oranga: Māori Health Strategy*. Its overall aim is towards whānau ora – supporting Māori families to achieve their maximum health and wellbeing.[32] Whānau ora is a strategic tool for the health and disability sector, as well as for other government sectors to assist them to work together with iwi, Māori providers and Māori communities and whānau to increase the life span of Māori, improve their health and quality of life, and reduce disparities with other New Zealanders.[33]

An environmental scan indicates the changing face of the health services, health needs and the requirement to better equip the health workforce to meet these needs. Of importance to future health services and the Māori workforce is the expansion of the Whānau Ora Framework across sectors. The Whānau Ora framework is central to the future developments of Kaimahi Māori and Community Health Workers, particularly the validation of the cross sector work and whānau interventions they are involved in.[34] It is important therefore that there is cross-sector workforce development so that there are common understandings of the requirements for Whānau Ora.

The Future Direction for NRMHDW

There is significant potential for the role of Kaimahi Māori and Community Health Workers and its place in the broader workforce. Managers of this workforce believe that these types of roles are the backbone of Māori health, and as such, require significant development. Some concerns they share over the future of this workforce is the lack of investment and strategic development. Kaimahi Māori and Community Health Workers are struggling to keep pace with the rapidly changing nature of whānau needs. Some of these workers are exposed to high risk and dangerous situations and environments. There is inequitable pay conditions and pay parity compared with other parts of the health workforce and Kaimahi Māori and Community Health Workers are unrecognised and unappreciated by the health system and

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[32] Ministry of Health website: http://www.health.govt.nz/
[33] Ibid.
[34] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health*. P.4.

yet, carry the burden of being the nation's cultural interface with whānau and Māori communities.[35]

Some investment has gone towards the development of the NRMHDW such as funding to establish better organisational capability and networking, the development of competency standards and specific training qualifications as well as career structure and career pathways. This development is aimed towards a longer term vision of moving community health workers and kaimahi Māori to a regulatory framework. It is envisioned that regulation will:

➢ Improve the quality and consistency of practice
➢ Build clearer boundaries and scopes of practice
➢ Provide a sector-accepted training regime and career structure
➢ Have a regulatory board and organisation to monitor standards and to focus on their ongoing development and,
➢ Appropriately recognise and value Māori Community Health Workers by their health worker peers in the health system for the work they do in improving Māori health outcomes.

This development is consistent with *Raranga Tupuake: The Māori Health Workforce Development Plan 2006* and in particular, Goal 2, Action 4:

➢ Monitor strategies to increase the number of Māori working in the health and disability sector
➢ Explore options for providing training and career pathways for traditional Māori healers as well as Community Health Workers.[36]

In response to an aging population, the workforce demand is likely to increase between 50% and 75 % (full-time equivalents) between now and 2026 which will mean a need to increase the number of trainees completing qualifications and career pathways within the workforce.[37] However, the current approaches in the education and training opportunities available for the NRMHDW present some issues to achieving the best outcome for a pathway forward.

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[35] Ibid.

[36] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health.* p.4.

[37] Industry Training Organisation (ITO). Careerforce (YEAR) *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* Pp.6-7.

NRMHDW managers would like to see the following initiatives in place to lift the profile of this workforce:

➢ A national strategy for the development of this workforce
➢ Move to regulation, including being trained and paid at the same time – similar to an apprentice nursing model
➢ Competencies and pay structure aligned to Level 5 in MECCA
➢ Multi-skilled, effective, lifestyle change agents working with whānau
➢ Stair cased career pathways to senior roles or other disciplines
➢ National promotion of these roles as an attractive career choice that inspires young people to want to pursue this career
➢ Being a valued role within the health system – i.e "having mana", "having more of a voice in health".[38]

The workforce needs in 5 years time will include:

➢ A clear Māori workforce development strategy implemented
➢ A regulated workforce with clear career pathway and structure
➢ A Māori specific health promotion qualification
➢ More Māori pursuing health protection careers
➢ More flexible and accessible learning and training environments, e.g. e-earning, wananga, noho marae, etc
➢ A critical mass of Māori public health leaders
➢ Greater learning agility, emotional intelligence and the ability to source and synthesize information
➢ Greater co-ordination of public workforce development activities
➢ Identification and promotion of the profession in school career counselling
➢ A more flexible and innovative profession moving across health, education, social development, justice, iwi and global concerns
➢ A stronger clinical and technical underpinning a sustainability focus and;
➢ The ability to rapidly respond, adapt and build health infrastructure in health epidemics and post disasters to protect populations and communities (i.e. civil defence).

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[38] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p. 21.

The workforce needs in 30 years time will include:

➢ The development of the "Maui model" of health representing a clear identifiable Pacific indigenous approach to health promotion and protection

➢ being highly adaptable and resilient in any given crisis situation

➢ global outlook and local application driven and vice versa

➢ skills to build water, food, and energy sovereignty for communities

➢ ability to work within an iwi or sub-cultural context

➢ low tech and high tech savvy

➢ be self sufficient

➢ ability to work within an unstable political context

The diagram below further summarises all these points:

Predicted Trends
- Globalism
- Inequalities widen
- New pandemics
- Scarcer resources
- Environmental disasters
- Ageing population
- Political changes
- Smaller tax base
- Shrinking public health system
- Technology shifts
- Social media driven
- Rise of Iwi
- Asia Pacific Identity
- Te Reo normal
- Sub-cultures
- Security issues
- Greater Māori mobilization

Workforce Needs in 5 Years
- Single Workforce Plan implemented
- Regulated workforce
- Appropriate competencies
- Flexible education & profession
- Learning agility, EI & resilience skills;
- Sustainability & civil defense skills
- More Leadership
- Te Ao Māori & Te Reo skills
- Improve Māori educational success upstream
- Working with & within iwi
- Clinical underpinning
- Doing more with less

Workforce Needs in 30 Years
- Maui model
- Self sufficiency & adaptability
- Global skills
- Low & high tech savvy
- Working in unstable politics

The future direction for the NRMHDW is clearly set out in the *Developing the NRMHDW Scoping Report*. The national issues identified in that report need to be implemented to have an influence on improving the current realities of non-regulated workers, particularly Māori health providers. Some of those realities include:

➢ Work with district health boards to provide free access to Māori health providers to compliance based training. This will remove the worry from Māori providers of organising and providing compliance training and allow them to refocus on more tailored training. It will also improve relationships between the two and be at no extra cost to district health board as it is within their fixed costs.

- ➢ Relook at training and workforce components in contracts to see whether there are opportunities to pool and use these funds more strategically against a workforce development plan. Pricing of contracts may also have to be looked. Those providers who affiliate to an MDO seem to be getting good support in this regard.
- ➢ Ensure that any national competency development initiative underway extends to include the diversity of these roles (not just community health workers), is promoted well, and includes in put from all of these workers and their providers.
- ➢ Undertake the policy work needed to move this workforce to regulation in consultation with this workforce and informed by other indigenous developments overseas.[39]

Bridging the Gap - Identify Workforce Issues and Finding Possible Solutions/Conclusions to Address Issues through the Development of Appropriate Qualifications and Training?

Issues

The Ministry of Education is responsible for achieving the government's strategic priorities of which health has been identified as a priority. The Tertiary Education Commission (TEC) through Vote: Education funds universities, polytechnics, wananga and private training establishments (PTE's) to provide tertiary education to health and disability workers, with some support worker training provided through Industry Training Organisations (ITO).

The majority of Māori non-regulated workers receive very basic compliance type training and have limited structured career development in place. There are a number of barriers that create this situation:

- ➢ Māori health providers struggle to provide training as their resources available are largely determined by, and limited to the funding available in their contracts. Managing service complexity, costs of training, timing, and competing workload demands are issues. Access to external training opportunities was described as ad-hoc and fragmented. It is unclear whether there is a consistent standard applied across the sector
- ➢ Māori DHB services have access to compliance training because of the scale of their organisation; however, further specialised development of Māori roles is a priority for their managers but does not seem to be priority embraced by the organisation within the wider context of development of the clinical workforce.

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[39] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* pp. 44-45.

- The Māori workers in non-regulated roles fundamentally lack a broad based competency framework from which stair cased training, a career structure and career pathways can be built.
- It is not clear what qualifications the sector accepts as the minimum standard for Community Health Workers and/or Kaimahi Māori working in a variety of settings. Qualifications have been created to meet episodic demand or are too topic specific and do not encompass the broader competencies that might be required by Kaimahi Māori and Māori Community Health Workers.
- Many of the workers are uncertain about the future of their roles in Whānau Ora environment and see that some form of regulation will enhance the mana of their roles, lift standards, competences and skills and provide future career development and options.
- It is clear that where there are narrower spans of management control, and also when working within a regulated role, there are greater opportunities for career development. .[40]
- Any future qualifications need to be flexible enough to cover the work requirements of Kaimahi Māori and Māori Community Health Workers through to Rongoā practitioners. In other words provide the basic health training (e.g first aide, observation) that you would expect as standard with flexibility to specialise (e.g. child health, drug and alcohol).[41]
- Whānau Ora is operating in an environment of change which impacts upon the implementation of Whānau Ora by the providers. Prioritising and training is necessary for development as well as professional development.

Solutions

A career pathway aligned to qualifications is proposed, however this will need further work and consultation as adjustments made need to be made to the levels and corresponding minimum requirements. Recognition of prior learning is an important principle that needs to be taken into account in the fulfilment of qualifications.[42]

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[40]: Ibid: p.4.
[41] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health*. p. 11.
[42] Ibid: p.34.

In the publication, *Disability support services workforce training needs and barriers* (2011) it is estimated that only about one in six disability support workers have completed relevant national certificates or diplomas and that there is evidence that home-based support workers are less likely to be sufficiently trained. Low levels of confidence in their learning ability and literacy issues were also identified.[43] The report provides a comprehensive analysis of the training needs for the disability support sector as well as the barriers, organisational and individual which will influence the success of training initiatives.

Also in the publication Whānau Ora workforce development, the challenge for Whānau Ora is identified as being to implement a Whānau Ora workforce that integrates the competing needs of the different sectors the regulations, professional standards and client expectations. The report also identifies that the Ministry of Social Development Social Sector Reforms aim to invest in services that deliver stronger more flexible and integrated community based social services. Also the White Paper for Vulnerable Children (Children's Action Plan) recommends core competencies and minimum quality standards and training requirement across children's workforce including Whānau Ora.

There are however three potential options worth considering for the realignment and/or standardisation of existing training.[44] These include:

> ➢ Review with current ITO's
> ➢ Provider Developed (local) Qualification and,
> ➢ NZQA Sector Sanctioned Qualification

Review with current ITO's

There are two ITO's currently operating that may have some potential in developing the appropriate training for Kaimahi Māori and Māori Community Health Workers although neither of them has a strong health-led focus or kaupapa that the existing NRMHDW could easily affiliate with. Te Kaiawhina Ahumahi, the Social Services ITO and Career Force and the Health and Disability Sector Support ITO. Both have a level of strategy and structure around Māori engagement, although Māori would generally view them as non-Māori-led or 'mainstream' organisations.

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[43] Industry Training Organisation (ITO). Careerforce (YEAR) *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors.* P.11
[44] NRMHW: pp. 25-27

The Ministry could approach either of these ITO's, depending on which one they felt was the most aligned in values, and request that they review and develop the appropriate industry training and qualifications aligned with Kaimahi Māori and Community Health Workers. From an organisational growth point of view, both organisations would more than likely be willing to take this up but the issue would be whether they are capable of embracing the full scope of training that is required. Either organisation would need to demonstrate they understand the broader context of Māori development and Hauora Māori that these workers operate within which is beyond the development of basic individual and generic skills. Conversely, there would be questions as to whether Kaimahi Māori and Community Health workers would find either organisation philosophically aligned and acceptable. Some of the Māori statistics presented by one of these ITO's on their website showed a moderate level of Māori uptake as trainees over four years with an increase in 2008. (Careerforce, 2009).[45]

Provider Developed (Local) Qualification

Another option is to set up, develop, or work through an existing or new Private Training Establishment (PTE) at a local level to develop an appropriate training programme, register that programme on the NQF and then over time expand the availability of education and training to other regions. It is suggested that some key Māori organisations are considering entering the market place to provide kaupapa Māori health education and training as the sector begins to rationalise and consolidate its workforce development activities under the new government. A vigorous process of registration will need to take place if the PTE is new.

The greatest difficulty with this option is that it would generally restrict access by Kaimahi Māori and Māori Community Health Workers to the geographic location of the PTE, and access has been noted as an important priority by Kaimahi Māori and their managers (Digital Indigenous.Com, 2009) There would also be questions as to whether the volumes would be viable to warrant the investment in set-up, facilities and operation, unless of course the PTE provides other training. This would probably be the least favourable option.

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[45] Ibid: pp. 25-26

NZQA Sector Sanctioned Course

The other option would be to make a direct approach to the Chief Adviser Māori at NZQA and the MQSU to review the current unit standards on the NQF with a view to developing a sector sanctioned qualification. In other words, although the move to regulation may come later, the health sector would acknowledge and sanction that this qualification would be the minimum requirement expected of all Kaimahi Māori and Community Health Workers. This would involve the pulling together of existing units under Kaupapa Hauora and Tikanga Hauora domains and adding other units of relevance off the NQFk, such as physiology, etc. then reviewing, adjusting and 'packaging' them as a qualification. Once these units are in place, the process would then entail accrediting those Tertiary Education Organisation/Providers (TEOs) who could provide the necessary training as explained further below.

This would be the favoured option as it would expand the potential geographic access to this training opportunity for new and current Kaimahi Māori and Community Health Workers, it would provide greater choice of institutions, use the current tertiary infrastructures and economy of scale already in place and capitalise on the promotion and marketing power of the TEO to attract trainees e.g. Te Wananga o Aotearoa.

Accreditation of Educational Programmes and Providers

The next step would require the NZQA to accredit specific Tertiary Education Organisations (TEOs) to provide the educational programme and qualification. This means the TEO is considered capable of assessing these particular standards on the NQF. This would require the appropriate body whether NZQA, an ITO or other qualified independent stakeholder body be formed, e.g. including expert Community Health Workers to assess the TEO's students against the unit standards. The NZQA is responsible for the NQF and the process and would make the final decision to accredit a TEO. Although there are 46 TEOs already registered to provide the current Hauora qualifications, the key stakeholders may wish to be more discerning and strategic around limiting the number TEOs accredited to provide the reviewed package.

Certification of Graduates

Once the TEO is accredited to provide this qualification it can award its certified qualifications to the graduands of the programme. The attainment of this qualification means that the graduate has a qualification but it does not mean they are registered practitioners as this involves further development.

Acknowledgement of Prior Learning

An important principle of the NQF is that skills, knowledge and understanding gained outside formal education or training will be recognised. This is relevant for Kaimahi Māori and Community Health Workers because many of them have a diverse range of relevant experience and qualifications attained over the years. There are clear pathways of assessment to recognise prior learning against the standards or to cross credit qualifications.

The NZQA summarises the key points of this process as follows:

  ➢ Framework credits are awarded when achievements meet national standards, regardless of the source of evidence of those achievements
  ➢ People who already have skills and knowledge can be assessed immediately by presenting evidence of prior performance and completing assessment tasks
  ➢ Course completion is not required
  ➢ Many workers can be assessed by completing regular on-job tasks
  ➢ Accredited providers and registered workplace assessors assess prior learning against the same standards and within the same moderation systems that are used within education and training programmes
  ➢ Assessment of prior learning provides qualifications credits where no previous credits exist.

Understanding the learner - Who are they? Delivery Mode Preferences, What Motivates Career Decisions, Recognition and Transfer of Skills across Employers/borders?

Who are the Learners?

Majority of the Māori health and disability workforce is made up of non-regulated health workers. They mainly include Kaimahi Māori and Community Health Workers; Iwi health workers, Kaimahi Māori, screeners, Whānau Ora workers, public health workers all working in a variety of health, iwi, education, social service, and community settings. They also include Māori home health carers, orderlies, volunteers, kaumatua, Rongoā practitioners, alternative healers, as well as managers, planners, administrators, and policy people. They all perform a vital role in the delivery of health services and programmes to Māori communities, either through Māori health providers and/or mainstream health services.[46]

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[46] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health*. P 6.

The Whānau Ora learners are broken down in to two categories:

> Core Whānau Ora workforce – i.e. those directly working with Whānau mainly in health care and iwi social services and,
> The broader Whānau Ora workforce – i.e. regardless of sector, all others working with whānau.

The priority is the core Whānau Ora workforce which is made up of Navigators and the Whānau Ora Provider Collectives Workforce. Navigators are specialist Whānau Ora providers, who offer whānau wrap-around services tailored to their needs. Whānau will also have a champion to work with them to identify their needs, develop a plan of action to address them and broker their access to a range of health and social services.

Delivery Mode Preferences

The investigation conducted by Digital Indigenous.Com Ltd in August 2010 found that the Rongoā practitioners, who were kaumatua, were not concerned with structured career development. Instead, short workshops complimenting their skills and standards to enhance their service delivery are more relevant. [47]

Training used by Provider Collectives is primarily from three sources:
> Recognised workforce development provider organisations such as, Te Rau Matatini, Te Korowai Aroha, Te Oranganui Iwi Health Authority, Nga Mataapuna Oranga.
> Consultant trainers and organisations e.g. Te Kawei, Kataraina Pipi and Te Hononga Ngai Tahi
> Educational Institutions e.g. Te Wananga o Aotearoa

Most of these trainers/educators show learners prefer this means of training providers because:
> They are experienced in facilitating kaupapa Māori frameworks and practices
> They are local and from the same rohe or iwi as the provider collectives
> They understand and promote Whānau centred practices
> They are experienced in providing Māori community training and service provision in health and social services
> They are experienced in facilitation in Māori community practices.[48]

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[47] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p. 5.
[48] Kaahukura Enterprises (October 2012). *Whānau Ora Workforce Development.* A Report prepared for Te Puni Kokiri. p.31.

The needs of learners will be diverse and range from those wanting to achieve a full qualification prior to commencing employment to those already in work and needing to up-skill in specific areas. Qualifications will therefore need to be flexible to respond to these variations.[49]

Different learners and their workplaces will have different needs in relation to how skills are obtained. Some learners might be more likely to enrol in an 'education provider-based' qualification whereas those in work may wish to have their existing skills credentialed though on-job assessment or they may prefer to up-skill though on-the-job (service-based) training of some type.[50]

Education providers and workplaces have developed different ways of delivering programmes and access to learning materials. Some of these delivery base models include work-integrated learning, internships and e-learning.

> '*Across the whole system e-learning represented less than half of all provision. However the proportion of e-learning rose between 2004 and 2008. In 2008, 48 percent of all provision had an e-learning component.*'[51]

Learners in the 18 to 19 years of age group displayed higher levels of participation in e-learning than those aged 40 years and over. Pasifika learners participated at a higher rate than most with Māori being the lowest rate of participation. Māori prefer working in groups, face-to-face contact and discussion as well as learning that is related to real-life tasks than e-learning.[52]

What Motivates Career Decisions, Recognition and Transfer of Skills

There are relatively few examples of Māori specific health career resources that specifically target Māori school students or second chance learners, use Māori role models, describe careers in health in relevant terms that are likely to engage Māori, and, incorporate Māori images, language and other cultural features. However, some career decisions are based on the following:

> ➤ Location and being able to do the same type of work however, some of the programmes are not national

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[49] Industry Training Organisation (ITO). Careerforce (YEAR) *Literature Review for the New Zealand Qualifications Review – Aged Care, Disability and Social Services Sectors*. P.1.
[50] Ibid: p.16.
[51] Ibid.p.17. Ministry of Education Research (2011). P.4
[52] Ibid: p.17.

> ➢ Clearer pathways to work toward management of a programme. This would require identifying positions and targeted training.
>
> ➢ Better recognition of Community Health Workers as 'professionals' with better pay rates and structured development pathways.[53]

Career aspirations of the workers interviewed for the scenario testing tend to focus mainly on improving their individual personal practice and improving the effectiveness of their health programmes.[54] The majority of Kaitiaki feel that there are limited career pathways and career options for their roles other than sideways moves to similar roles in other sectors. Many spoke of the need to professionalise the role so that it is valued by other health professionals. All indicated they saw themselves pursuing other careers related to Māori health either clinical, management or in counselling. Those that had formal qualifications saw themselves completing more qualifications to pursue other career options.[55]

Decisions around the mode of delivery of programmes of study or the design of training pathways are best left to the industries and providers/training organisations. Whilst qualification will articulate the intended graduate outcomes, care will need to be taken that these do not constrain sectors/industries or education providers. A significant degree of flexibility is needed.[56]

Transfer of Skills across Employers/borders

Findings from research on Recruitment and Retention of Māori in the Health and Disability Workforce[57] indicate that when Māori leave the health and disability workforce they move into a wide variety of roles across sectors dependent on personal priorities and interests. The main areas identified by participants in the research, in particular ex-workforce survey respondents, were Māori and iwi development, education, social services, management, business development and community level work. It appears that often the new roles may be linked to health and/or Māori development. Those that leave the sector often continue to work with, and make a difference for, Māori.

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[53] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p. 16.
[54] Ibid: p.14.
[55] Ibid: pp. 24-25.
[56] Ibid: p.17
[57] Taupua Waiora (2007). *Rauringa Raupa - Recruitment and Retention of Māori in the Health and Disability Workforce.* Auckland: Faculty of Health and Environmental Sciences, AUT University.
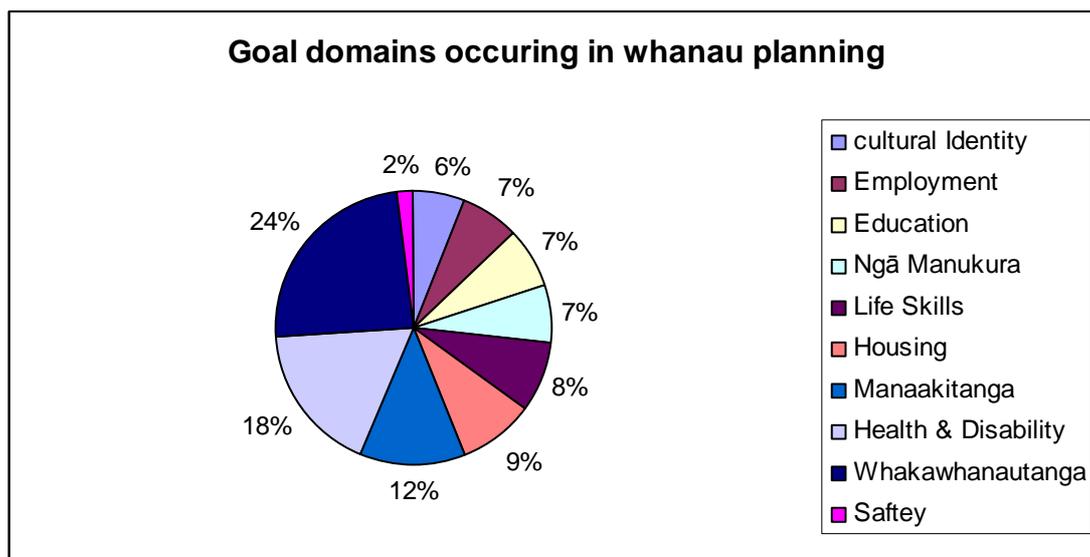
Identifying and interpreting Specific Needs of Whānau, Hapū and Iwi?

Building whānau capability to prevent crises, manage problems, and invest in their futures, should underpin whānau interventions. The design and delivery of services will place whānau at the centre and build on the strengths and capabilities already present in the whānau.[58]

Strengthening whanu integrity and achieving the best possible outcomes for whānau demands knowledge and skills not necessarily required when dealing with individuals. Helping whānau to achieve effective levels of self management and self determination does not mean ignoring urgent problems either for individual whānau members or for the whānau as a whole, but being able to foster whānau leadership and those other whānau capabilities that are associated with whānau.

Competent and Innovative Provision is a principle that recognises a need for skilled practitioners who are able to go beyond crisis intervention in order to build skills and strategies that will contribute to whānau empowerment.[59] Government agencies should be responsive and flexible enough to align with and support whānau, hapū and iwi aspirations.

For whānau, the most common aspiration in whānau planning is whakawhānaungatanga (24% of all goals), which is an important aspect of collective capacity. Two other elements of collective capacity, ngā manukura and life skills, are also common aspirations (7% and 8% of all goals) (Figure 3)[60]

Goal domains occuring in whanau planning

Legend:
- cultural Identity
- Employment
- Education
- Ngā Manukura
- Life Skills
- Housing
- Manaakitanga
- Health & Disability
- Whakawhanautanga
- Saftey

Values shown: 2%, 6%, 7%, 7%, 7%, 8%, 9%, 12%, 18%, 24%

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[58] Digital Indigenous.Com Ltd (2009). *Developing the Non-Regulated Māori Health Workforce: A Scoping Paper for the Ministry of Health*. P. 13.
[59] Ibid: p. 13.
[60] Te Puni Kokiri (2012) *Tracking Whānau Ora Outcomes*. Information Collection Trial – 1st Phase Results – 30 Pipiri / June 2012. p. 11.

Appendix 1

Identification of the NRMHDW and their Occupational Groupings

The table below outlines some occupational groups that have been identified by similarity of the role and what area they may work in.[61]

Occupational Grouping	Role	Area	Employed/Funded by
Kaimahi Māori, Māori community health workers and/or kaiawhina	Design and deliver kaupapa Māori health programmes, Māori community engagement, health lifestyles, community development	Primary care, screening, public health, mental health or community health	Māori health providers, PHOs, DHB community health services, mental health services, NGO's e.g. Asthma Foundation etc. PHARMAC
Public health workers/officers	Public health promotion, protection and education	Public health, HEHA, disease state management	Public health units, PHOs, public health NGOs (e.g. Hotu Manawa Māori), Māori health providers
Kaiatawhai, kaitiaki, kaumatua, Māori chaplains, cultural liaison staff, Māori health care assistants	Work with patients and Whānau, act as cultural liaison and advocate between Whānau and clinicians, provide care	Inpatient secondary and tertiary care services, outpatient clinics	DHB hospitals, mental health services, Māori chaplaincy services
Māori needs assessment co-ordintors	Assess Māori disability support needs and co-ordinate services	Disability and support	Needs assessment service co-ordination organisation
Disability support workers, residential carers	Work individually with the disabled and mental health	Disability support and mental health	Disability providers, residential homes and community mental health providers. Voluntary
Rongoā Māori practitioners and healers	Provide Māori Rongoā services and therapies within the scope of the Medicines Act	Stand alone services, primary care, hospital services and some palliative care	Rongoā providers, DHBs, some PHOs and Ministry contracts. By koha or voluntary.

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[61] Digital Indigenous.Com Ltd (2009) *Developing the Non-Regulated Māor Health Workforce.* P.9

Appendix 2

Skills, Competencies and Gaps

The following competencies of Kaimahi Māori and Community Health Workers align with the competency framework proposed in the scoping report.[62]

Kaimahi Māori and Community Health Workers

Skills and competencies needed:
Management and planning
Health promotion, primary care systems and disease management
Self management skills (e.g. time management, multi-tasking, diary keeping)
Networking and whakawhānaugatanga
Policy development and general report writing
Reducing inequalities
Technical health administration sills (e.g. use of MedTech, use of computers etc.)
Change and building resilience with whānau and communities
Hauora Māori, te reo and tikanga
Working and co-ordinating with other services e.g. education and social services
Advocacy, facilitation, mediation and presentation skills; and
Evaluation and research (particularly the effectiveness of interventions and programmes).
Management and planning

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[62] Digital Indigenous.Com Ltd (2009) *Developing the Non-Regulated Māori Health Workforce*: A Scoping Paper for the Ministry of Health.

Health Promoters

Skills and competencies needed:	Gaps:
Good communication, similar to those as a teacher, such as lesson and activity planning	More active in the community (*Health Promoters*)
Organisation and planning skills	Training in an organisations systems and procedures (*Health Promoters*)
Being patient and energetic	Leadership, initiative and overcoming barriers (*Māori Community Health Workers*)
Promotion and marketing skills	Understanding of Māori health
Community action and awareness	Computer technology
Networking, advocacy and public policy skills.[63]	Report writing

Kaitiaki, Kaitakawaenga and Managers

Skills and competencies needed:
Hauora Māori, te reo and tikanga skills were noted by all as the highest priority competency
Effective communication, facilitation and presentation
Computer use including software packages
Passion for people & 'Team work
Counselling

Compared to Kaimahi Māori and Community Health Workers, Kaitiaki identify a narrower range but similar set of competencies and skills required for the job.

Kaitiaki and Kaitakawaenga

Skills and competencies needed:
Tikanga and te reo skills (for some)
Clinical and medical knowledge
Understanding Māori realities
Cultural supervision
Managing and understanding compliance issues (e.g. health legislation)
Integration between mainstream and Māori health providers; and
Keeping diaries and note taking

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[63] Digital Indigenous.Com Ltd (2011). *National 'Think Tank' Hui of Māor Public Health Workers.* Pp. 9-10. Skills and competencies needed for Health Promoters need to be relevant in a community setting.

Managers see the following skills and core competencies essential for Kaitiaki

Skills and competencies needed:	Gaps:
Te reo and tikanga	Ability to influence clinicians
Facilitation and mediation	Recognition by the DHB of the need for cultural supervision on par with the way clinicians have clinical supervision
Risk assessment	
Interviewing techniques	
Understanding of a kaupapa Māori environment and Māori models	
Reflective practice	
Relationship management and Customer focus and good 'people skills'	

Disability Support Services[64]

Generic skills needed[65]:	Specialist Skills needed[66]:
Communication skills	Developmental i.e. quality of life and communication
Relationship and listening skills	Health and health care needs (vision and eye health, hearing and aural health, dysphagia, nutrition, hydration and weight) and assessment
Positive values and attitudes towards disabled people and their family/Whānau	
An ability to provide all aspects of personal care	
To provide families information about services and supports available	
To support and advocate for disabled peoples	
Community inclusion to collaborate with a	

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[64] For a comprehensive list of generic workforce skills required to support disabled people including those with "High and Complex Needs" see *Valuing and Supporting Disabled People and their Family/ Whānau.* A literature review and gap analysis of the 'high and complex needs' workforce training needs. Pp. 16 – 19.

[65] Generic skills required for working with disabled people with "high and complex needs" in the community are largely covered through the NZQA unit standards that form part of the Level 2 Foundation Skills and Level 3 Core Competencies qualifications. The Level 4 Senior Support qualification covers the most training areas not already covered by these Level 2 and 3 qualifications.

[66] Many of the *specialist skills* are addressed through additional unit standards available in other qualifications. However, these unit standards are not necessarily clustered together in an easily accessible way.

Generic skills needed[65]:	Specialist Skills needed[66]:
range of professionals and organisations	
Support behaviour management and mobility	

Relevant formal qualifications available through Careerforce for the health and disability sector are summarised in Table 7 of the literature review report (*Valuing and Supporting Disabled People and their Family/ Whānau).* Whether the qualification contains elective unit standars along with compulsory unit standards is indicated. Level 2 Foundation Skills and Level 3 Core Competencies qualifications are often prerequisites for other NZQA health and disability qualifications.

A number of recommendations are made to support building the competency and capability of the workforce supporting disabled people with "high and complex needs" living in the community. Options to ensure that there is training available for those who support people with "high and complex needs" are listed in the following report: *Valuing and Supporting Disabled People and their Family/ Whānau.* A literature review and gap analysis of the 'high and complex needs' workforce training needs. P.7

Characteristics of Home and Community Support Workers

Characteristic	Detail	
Age	25 and under	25%
	36 – 50 years	35%
	51 and over	40%
Gender	Female	95%
	Male	5%
Hours worked	Average per week	21 hours
Ethnicity	Māor	12%
	Pacific	18%
	Asian	8%
	Pakha	48%
	Other	14%

Characteristic	Detail	
Education	No formal qualifications	61%
	Level 2	31%
	Level 3	9%
	Level 4 and above	5%

Appendix 3

Professional Development and Training Opportunities

Iwi Workers

Internal	External[67]
Generic orientation	CPR and First Aid (St John's)
Strategic and business planning (e.g. vision, mission, goals, etc)	Te Pae Mahutonga (Mason Durie)
Policies, legislation and financial awareness	Certificate in Hauora Māori (CTA)
Treaty of Waitangi	Diploma in Health Promotion (Health Promotion Forum)
Infection control	Nutrition and Physical Activity (Te Hotu Manawa Māori)
Tikanga and te reo	Mahi Ora/Mauir Ora (Te Wananga o Aoteaora)
HEAT tool	Te Reo (Te Ataarangi Trust)
Cardio vascular risk assessment	Project Planning and Evaluation (WDHB)
Computer training	CPR and First Aid (St John's)
DHB programme led training (e.g. early identification)	Te Pae Mahutonga (Mason Durie)
Generic orientation	
Strategic and business planning (e.g. vision, mission, goals, etc)	

Health Promoters

Internal	Specific programme training
Tikanga Māori	Basic introduction to teaching sports (all sports)
Treaty of Waitangi	Fundamentals to ball sports and movement
Whānau Ora (getting to know the community)	Education of nutrition

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[67] External training opportunities are largely provided by external training organisation in local areas.

Internal	Specific programme training
Links to the community, and;	HPV training including; role and expectations, the vaccine, information on cervical cancer and sexual health.[68]
Nutrition	

Disability Support Services

Internal	Gaps
First aid	Disability specific training e.g. autism, behavioural support etc.
Lifting and handling	Courses for people delivering Supported Living and Supported Employment
Fire safety	Basic literacy skills
	Basic technology skills
	Leadership and management for middle managers

39 % felt those providing home and community support were inadequately trained.[69]

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[68] Digital Indigenous.Com Ltd (2010). *Non-Regulated Māor Health and Disability Workforce Project: Scenario Testing.* p. 15.
[69] Te Pou o Te Whakaaro Nui – The National Centre of Mental Health Research, Information and Development (2013). *Valuing and Supporting Disabled People and their Family/ Whānau.* A literature review and gap analysis of the 'high and complex needs' workforce training needs. P.23.

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