

Te Waipounamu

Maori Workforce Development Plan 2005/10



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Introduction

One of the most important resources in improving the health and wellbeing of whanau and communities in Te Waipounamu is “people”. Developing people in the health workforce that can improve access and deliver effective health services to Maori in Te Waipounamu is essential. While the entire health workforce is responsible for improving Maori health and disability outcomes, increasing Maori participation in the health workforce across a diverse range of health occupations make up a health workforce is also an important goal. Having more Maori health workers such as such as nurses and doctors, community health workers, health educators and promoters, rongoa practitioners, managers, funders and planners, policy makers and researchers, involved in all aspects of health will help shape and influence the health system to better meet the needs of Maori.

This Plan sets out Maori workforce trends, issues challenges and opportunities as well as local feedback from key stakeholders in Te Waipounamu to help develop a strategic framework for Maori workforce development. The vision is to have a strong, comprehensive, and skilled Maori-workforce in Te Waipounamu in the next 10 to 15 years, at least proportionate to the Maori population. The Plan then outlines a range of goals and actions to be carried out over the next five years to see the vision realised.

Te Herenga Hauora o Te Waka o Aoraki

Te Herenga Hauora o Te Waka o Aoraki (“Te Herenga Hauora”) is a network of general managers and directors of Maori health representing five of the six District Health Board’s based in Te Waipounamu. The network meets on a regular basis to co-ordinate planning and funding activities and to develop strategies at a regional level that collectively contribute to improving health and disability outcomes of their respective communities.

What is Maori workforce development?

Maori workforce development is working to ensure there is the required number of Maori in the health and disability workforce, with the necessary skills, in the right places as the right times, to provide for the needs of Maori and whanau. The ultimate goal of Maori workforce development is whanau ora: Maori families supported to achieve their maximum health and well-being¹. Whanau ora requires that not only are health inequalities eliminated between Maori and other

¹ He Korowai Oranga p.1

New Zealanders, but also that the way services are provided affirms Maori approaches to health and Maori control over their own health and wellbeing.

Maori health and disability workforce development is part of Maori development and needs to be consistent with wider directions for Maori development. It needs to support whanau, hapu and iwi aspirations as well as those of health and disability services. The broader vision for Maori development is to support Maori to succeed as Maori in New Zealand, participating in both te ao Maori (the Maori world) and in the wider world, in whatever pursuits they choose².

Kaupapa of this plan

The kaupapa (purpose) and aims of this plan are to:

- provide an overall direction for Maori health workforce development for the next 10-15 years in Te Waipounamu.
- help co-ordinate a broad range of Maori workforce development initiatives so that efforts are not duplicated and local models and approaches can be shared;
- help clarify the roles, responsibilities, and accountabilities of key stakeholders who may contribute to aspects of Maori workforce development;
- identify and deal with Maori specific issues and approaches over and above other generic systemic workforce development activity.

Most of the actions have a five year timeframe, although the Plan has a ten to fifteen year outlook, reflecting the time it takes to see strategies come to fruition.

Where this plan fits

This Plan comes under the overall umbrella of the Ministry of Health's He Korowai Oranga: The Maori Health Strategy and Whakatataka: The Maori Health Action Plan, and the recently released Raranga Tupuake – Maori Health Workforce Development Plan – Discussion Document. Raranga Tupuake helps inform this Plan with three clear goals outlined below. This Plan is also informed by District Health Board New Zealand (DHBNZ) Workforce Action Plan³ also outlined below.

² Te Puni Kokiri 2004a

³ DHBNZ 2002

Raranga Tupuake: Maori Health Workforce Development Plan goals are:

Goal 1: Raranga Tuatahi: Tuia te muka tangata i takea mai i a Hawaiiki
Increase the number of Maori in the health and disability workforce

Goal 2: Te Raranga Tuarua: Te whiri i te Mauri Maori ki roto i nga mahi
Expand the skill base of the Maori health and disability workforce

Goal 3: Te Raranga Tuatoru: Te hononga ki nga kete ako
Enable equitable access for Maori into training opportunities.

The DHBNZ Workforce Action Plan identifies three key activities for DHBs

- developing workforce information
- co-ordinating stakeholder relationships
- building strategic capacity in the sector

Resourcing this plan

This Plan is intended to guide investment in Maori workforce development rather than create a whole new programme. Funding for implementing the actions in this plan will therefore come in the first instance from existing sources:

- the DHBs' ongoing workforce development funding allocations,
- DHBNZ's collective workforce development initiatives
- the Ministry of Health's Maori Provider Development Scheme
- Clinical Training Agency funding (mostly post-entry training;
- Blueprint funding for Maori mental health workforce development; and
- Other sources



Midwife Joanne Rama and pepi

Why is Maori workforce development important?

Better health and disability outcomes

Maori health workers play an important role in ensuring that Maori communities have access to and receive best practice care, and help bridge the cultural divide between the medical and Maori world⁴. Investing in Maori workforce development as a way of improving service effectiveness is likely to result in better prevention, earlier intervention, and better treatment outcomes, which would reduce costs not only to health and disability services but also other social services, employers and whanau.

More effective services

Cultural competence is an important aspect of clinical competence. Culture affects the way that health and illness are understood and interpreted and what is considered an appropriate response to symptoms. Misdiagnoses can result where clinicians do not understand the client's culture. In mental health and drug and alcohol treatment, for example, treatment drop-out rates tend to be lower, client satisfaction higher, and treatment outcomes better, where the clinician is from the same culture as the client⁵.

Improved access:

Whanau are more likely to access health services where the services not only address their health needs but also support the cultural and social contexts in which they live. Maori providers or practices with a strong Maori workforce have particular success with immunisation, quit smoking programmes, cervical screening, diabetes management, improving access to general practice, and numerous other areas where Maori experience problems in accessing appropriate services.

Affirming a positive Maori identity

Cultural identity appears to offer Maori some protection against ill health, and is also more likely to be associated with educational and employment participation. Maori are more likely to have a positive cultural identity where it is affirmed in social institutions such as health and disability

⁴ Baxter 2000, Durie 2003.

⁵ Zane et al, 1994, Russell et al, 1996, Bridgman, 1997, Sue, 1998, Gurung & Mehta, 2001, Johnson & Cameron 2001.

services⁶. Maori health workers and services help provide an environment where Maori values, beliefs and practices are the norm, and improving communication and understanding between clinicians, consumers and their whanau.

Wider determinants of Maori health disparities

Increasing Maori participation in education and training through workforce development has the potential to contribute to whanau ora and greater equity by increasing Maori participation in education and employment. This would improve the broader socio-economic conditions that play such an important role in health status such as income, housing, nutrition, as well as increase the ability of whanau to take part in all the institutions and activities of te ao Maori and wider New Zealand society.

Innovation, leadership and commitment

Maori have a long track record of being innovative and leaders in health. Maori health workers and providers have consistently created new ways of meeting the health needs of their communities, which have then been picked up by mainstream services. This ability to reshape services to meet the needs of communities is greatly needed by a sector increasingly stretched by growing demands and limited resources.

Another reason why Maori health and disability workforce development is a “good investment” for the health system is that many Maori are committed to their whanau and communities and tend to remain in New Zealand, and also to practice in rural areas, where it is often hard to retain other workers⁷.

Supports broader sector goals

including Maori participation and self determination goals and as outlined in New Zealand Public Health and Disability Act 2000; Te Puni Kokiri’s vision for Maori development, which is for “Maori to succeed as Maori in New Zealand, participating in both te ao Maori (the Maori world) and in the wider world, in whatever pursuits they choose”⁸; and the intention of the United Nation’s Draft Declaration on the Rights of Indigenous People that indigenous peoples have a right to special measures to improve their health and to control their own health programmes (Articles 22-24, 31)⁹.

⁶ Durie 2001

⁷ Ngata 2000 – Personal Comment

⁸ Te Puni Kokiri 2004a

⁹ United Nations, in Te Puni Kokiri 1993 – Te Puni Kokiri is currently consulting on New Zealand’s response to the draft declaration. The declaration once finalised will not have legal status but will carry strong moral force and member nations will be expected to comply with its provisions.



Key issues and trends in Maori workforce development

Building the Maori workforce in Te Waipounamu will require DHBs to understand the key issues and trends that affect both the demand and supply of health workers and wider strategies and trends in health and disability service delivery. The Maori workforce will need to both lead and influence directions and adapt effectively to them.

Demand Issues

The demand for skilled Maori workers is increasing faster than the supply, due to growing recognition of the contribution they make to service delivery, to legislative and accountability requirements for improved Maori outcomes and Maori participation, and to a growing Maori population. Increasing demand is also increasing competition for skilled Maori workers, between different parts of the sector, different localities, and between health and other sectors which have similar imperatives, impacting on retention and performance levels. Adding to the pressure, whānau are also raising their expectations that services be effective for them as Maori, reflecting their values and practices, and that workers be culturally as well as clinically competent.

Changing demography

The Maori population is growing. It is projected to be a third larger in 2014 than in 2001 – an estimated 890,000 Maori, compared to 526,000 in 2001¹⁰. In addition, while the Maori population has a younger age profile than non-Maori, it is also aging. This means there will be a greater number of Maori with diabetes, cardiovascular disease, cancers, mental health issues and disabilities, with a parallel need for more services that are effective for Maori.

Wider Maori development

There are indications that wider socio-economic factors that influence whanau outcomes are beginning to improve. More Māori are now participating in education and graduating with qualifications; income levels are beginning to rise, and unemployment is dropping¹¹. With the

¹⁰ Statistics NZ. 2001

¹¹ Statistics NZ 2001

growth of kohanga reo, kura kaupapa and wananga, more Māori are learning te reo, whakapapa and tikanga and developing confidence in their identity and culture¹². And after a twenty year plateau following the economic restructurings of the 1980s¹³, it appears that Maori life expectancy is finally beginning to improve¹⁴. A demand for health and disability services founded on Maori values and practices has seen Maori providers grow, Maori moving into a number of leadership positions in health, and a significant growth in Maori-led health research. It has also seen moves to incorporate Maori models of health into mainstream services.

Wider health and disability service trends

Trends in New Zealand and other countries include the growing importance of evidence and best-practice guidelines as a way of getting best value from scarce health resources. There is growing concern with improving outcomes and equity, not just treating symptoms, with consumer rights and health and disability ethics, and recognition that 'one size does not fit all'. There is a move away from one-off qualifications at the time of entry to the workforce to professional credentialing and continuing competence.

Changes in technology

A key driver is information and medical technology. The possibilities of medical technology now outstrip governments' ability to pay for it. The internet is making available to whanau and consumers information once available only to health practitioners, increasing their expectations and ability to manage their own health. More services are now being delivered remotely, over the internet, without people needing to be physically present. And funders, providers and practitioners now have access to an overwhelming amount of information on which to analyse, monitor and plan their services.

Implications for health and disability service delivery

The above issues and trends require a significant shift in the way health and disability services think about service provision:

From...	To...
<ul style="list-style-type: none"> from treating symptoms 	<ul style="list-style-type: none"> to building health, preventing disease and improving outcomes – including working with other sectors to address socio-economic determinants of health
<ul style="list-style-type: none"> from fragmented services 	<ul style="list-style-type: none"> to integrated services centred on the needs of consumers and their families rather than the needs of health professionals
<ul style="list-style-type: none"> from professional silos 	<ul style="list-style-type: none"> to interdisciplinary teams
<ul style="list-style-type: none"> from hierarchical ways of working 	<ul style="list-style-type: none"> to networking and collaboration

¹² Ponga 2004

¹³ Ajwani et al 2003

¹⁴ Statistics NZ March 2004

From...	To...
<ul style="list-style-type: none"> • a shift from the professional as the 'expert' with all the answers 	<ul style="list-style-type: none"> • to a partnership between health workers, patients and families, and between providers and communities
<ul style="list-style-type: none"> • from pre-entry training 	<ul style="list-style-type: none"> • to life-long learning, collaboration and information-sharing
<ul style="list-style-type: none"> • from a mind-set of "what has always been done" 	<ul style="list-style-type: none"> • to practice based on evidence of what works as well as greater use of data analysis and epidemiology to identify patterns of health need
<ul style="list-style-type: none"> • from traditional health professional roles 	<ul style="list-style-type: none"> • development of new health worker roles including community and whanau workers, and people with knowledge of Maori healing and tikanga Maori (Maori practices)
<ul style="list-style-type: none"> • from a focus on physical illness 	<ul style="list-style-type: none"> • a focus on the whole person, in their family, cultural and social contexts

Implications for the Maori workforce

To meet the needs of whanau in this changing environment the Maori workforce will need to:

- provide leadership in moving towards whanau-ora oriented service provision
- be much larger - at least proportional to the Maori population
- achieve a balance between community, whanau and support workers (including kaiawhina, kaumatua and traditional healers); professional, clinical or specialist occupations; and governance, planning, management, policy and research roles
- be located in iwi, Maori and mainstream organisations; in the range of service areas from preventative services to specialist treatment services; in public health, mental health, personal health and disability support in the community, primary, secondary and tertiary sectors.
- be flexible enough to adapt to changing whanau and health and disability sector needs
- be culturally, clinically and technologically competent within their particular occupational areas, and engaged in ongoing education and training
- work collaboratively in multi-disciplinary teams
- base their practice on good information, evidence and good practice, with a focus on improving outcomes for tangata whaiora and whānau
- understand the wider context in which they practice
- be supported in their practice by organisations that offer them job satisfaction, career paths and competitive remuneration, and support them to work in Maori ways.



Issues, challenges and opportunities for Maori workforce development

Although good progress has been made in recent years in Maori workforce development, the following issues and trends in respect of supply, workforce distribution, and recruitment and retention need to be considered at a national level and what impact it might have for workforce planning in Te Waipounamu.

Supply Issues

While Maori made up 15% of the New Zealand population in 2001 only 5.4% of the overall workforce was Maori (around 3,600 Maori workers compared to a total workforce of about 67,000, excluding informal and support workers). Maori are relatively well represented in lower paid support occupations nationally such as kaiawhina and community health workers, but seriously under-represented in registered professions. In 2001 only about 2.3% of doctors, under 2% of psychiatrists, 6.3% of all nurses, 3.4% of midwives and 1% of dentists were Maori nationally¹⁵. Overall, if the proportion of Maori in the health and disability workforce paralleled the current proportion of Maori in the New Zealand population, there would be three times as many Maori health workers, or over 10,000. This is a shortfall of over 6,400 workers for today's requirements.

In Te Waipounamu, Ministry of Education graduation data indicates an average of 10 Maori doctors, and 44 Maori nurses graduate per year from local tertiary institutes - approximately 20% of the total number of Maori doctors and nurses graduating throughout the country¹⁶. This is a relatively small pool to draw upon and there is no certainty that these graduates actually remain in Te Waipounamu to work anyway. As the Maori population is growing, the shortfall will worsen over the next ten years unless measures for expanding the workforce are accelerated.

Workforce configuration

Most Maori health workers work in DHBs or mainstream services, including 77% of Maori nurses, 53% of Maori midwives, and 54% of mental health workers, while nearly half the workers in Maori providers are community health workers (44%). The aim should be to have more Maori health professionals working in preventative primary care where the National Health

¹⁵ Health Workforce Advisory Committee 2002

¹⁶ Health Workforce Advisory Committee 2002

Workforce Advisory Committee identified high growth areas for Maori community health workers, midwifery, tamariki ora, disease state management and mental health.

Experience

Maori workers are relatively mature on average but have comparatively short experience. In mental health, for instance, 43% of those surveyed by Te Rau Matatini had been working in Maori mental health for less than 2 years²². This is consistent with national patterns of Maori entering tertiary education later than non-Maori, and highlights the importance of second-chance as well as on-going education for Maori.

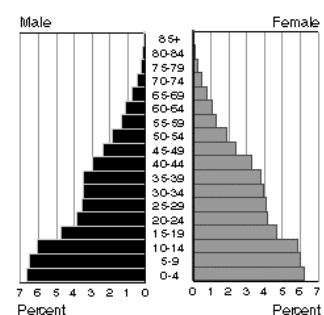
Work environments and conditions

The Health Workforce Advisory Committee identified a number of issues for the general health and disability workforce including workloads and stress, remuneration, working conditions and access to continuing education, support in the workplace and the availability of career pathways. For Maori, specific additional issues included burnout and stress from workers expected to provide services beyond their 'job description', lack of recognition of tikanga, and lack of training opportunities for community health workers.¹⁷ Some Maori providers also struggle to retain skilled Maori workers in the face of the greater educational opportunities and higher salaries of larger mainstream organisations¹⁸.

Recruitment

Expanding the proportion of Maori in the workforce can be accomplished by recruiting more Maori, and by retaining those already in the health sector for longer. Not much is known at present about what influences Maori to choose health or disability career or about retention issues, so research is needed to better understand the issues that are relevant to Maori.

The 'bulge' or cohort of young Maori which will pass through the education system over the next twenty years is a significant window of opportunity to increase the health and disability workforce. Making the most of this opportunity requires working with whanau, hapu and iwi - an important influence on the career choices of young Maori¹⁹ - the education sector, and careers advisors to foster success at school and to encourage Maori to learn science. With whanau, hapu and iwi it will be important to demonstrate contribution that health and disability careers can make to whanau and Maori development. At present, fewer Maori graduate from school with qualifications than non-Maori, and particularly with science qualifications, although rates are slowly improving. The other opportunity for recruiting Maori into the health and disability workforce is a large pool of "second chance" learners, particularly of Maori women. Wananga play an important role in overcoming earlier barriers for Maori to education through offering second-chance learning, particularly for Maori from disadvantaged backgrounds²⁰.



The 'bulge' of young Maori cohort

¹⁷ Health Workforce Advisory Committee 2003

¹⁸ Kahui Tautoko Ltd 2001

¹⁹ Lankard 1995

²⁰ Lattimore et al, 2003

Retention

Retaining Maori longer in the health and disability workforce will also increase its size and experience levels. Competition for skilled Maori workers is high not only within the health and disability sector but also between health and other sectors, and New Zealand and other countries. Retention issues are likely to differ for Maori in Maori providers compared to those in mainstream providers. For many Maori in Maori providers, what attracts them is an opportunity to “practice in a Maori way” without having to justify it to non-Maori managers or practitioners. Where practitioners are able to provide their services within a kaupapa Maori framework, and be recognised for their skills, they gain considerable satisfaction and reward from the job²¹. On the other hand, many Maori providers cannot offer secure employment, pay the same salary levels or provide similar training and development opportunities as DHB and large mainstream providers because of short term contracts that do not take the long term development costs into account. For some Maori in mainstream services, an issue is having always to justify doing things in a Maori way in an environment that often does not understand tikanga or Maori approaches to health.

Maori cultural competencies

Competency development needs to be ongoing, and needs to integrate clinical and cultural competence. Development needs will be different for different groups. For example, many whanau and community workers are competent in te reo, tikanga and Maori approaches to health, but these skills need to be recognised, and the workers to have the opportunity to go on developing in those areas and adding clinical competencies where necessary. The non-Maori workforce may be confident with their clinical knowledge but need to develop their cultural knowledge as well.

Contract funding

Maori health providers sometimes find it hard to invest in workforce development as their contracts often do not cover the costs of training or “backfilling” for people undertaking training, are not competitively priced (e.g. compared to larger DHBs) to attract top staff, or a short term in nature and therefore cannot provide certainty. Until DHBs are in a position to address these inequities, external training funding such as the Clinical Training Agency funding and the Maori Provider Development Scheme remains vital.

Organisational and infrastructural issues

Building and retaining a skilled Maori workforce requires building up information and research on the Maori workforce and its requirements. It also requires developing the organisations in which Maori work to ensure they provide supportive environments, through both Maori provider and mainstream provider capacity building. Initiatives that can assist include best (Maori) practice guidelines, cultural audits and magnet organisational programmes aimed at nurses.

²¹ Kahui Tautoko Ltd 2001

Key issues for Te Waipounamu from consultation

Five consultation workshops were held with DHBs, Maori health providers, health professionals and workers, and other stakeholders with an interest in workforce development in Te Waipounamu.

Key issues and themes were advocated and noted. The table below outlines common issues identified by all DHBs (that are best managed regionally) as well as specific local issues which guide the development of the strategic framework and formulation of specific objectives in this Plan.

Common Regional Issues	Nelson Marlborough	West Coast	Canterbury	Otago	Southland
Need to improve workforce information and planning	Focus on the wider Maori work-force - not just clinicians	Local orientation programmes are key	Need to validate the role the tohunga in health	Link Maori workforce planning to ODHB planning	Need to develop a career pathways programme
Undertake more regional workforce research	Lack of wananga options	Investigate successful past programmes such as bonding and rural incentives	Need explicit recruiter similar to the army recruitment model	Research barriers to entry and retention of Maori into health careers including uptake of science and student debt	Promote health career options' roadshow amongst whanau
Improve collaboration between key stakeholders including local tertiary institutes	Develop joint scholar-ship opportunities	Maori health needs to be addressed by building both the Maori and non-Maori workforce	Need to influence the medical profession in Canterbury by increasing the numbers of Maori clinicians	Capitalise on the relationship with Otago University	Need to plan for the configuration of workforce to serve an aging population in Murihiku.
Develop a consistent "Maori friendly" Human Resource Policy		Investigate local schooling issues around Maori taking science as a subject	Produce a "getting started" package	Expand the "Hands on Science" programme	
Resolve short term provider contracting to give long term recruitment options		Need to develop community health workers	Start recruiting Maori at year 12	Need to design a new model of indigenous Maori health worker	
Improve career counselling and marketing of health careers to Maori		Need to implement Tikanga Best Practice Policy		Continue Maori scholarship programmes	
Need a clear recruitment strategy		Address rural primary care workforce development		Promote career pathways	

Te Ohu Rata
O Aotearoa
Medical
doctors
association



Strategic framework

Our vision for Maori workforce development

A strong, comprehensive and skilled Maori-led health and disability workforce in Te Waipounamu over the next 10 to 15 years.

Strategies

This vision will be achieved through four key strategies:

1. *Information and planning*: developing good Maori health and disability workforce information and research in Te Waipounamu to inform planning.
2. *Forming effective relationships*: co-ordinating relationships, roles and responsibilities of key stakeholders with a view.
3. *Building strategic capacity*: setting priorities and initiatives for building workforce capacity in the sector that will improve Maori health.
4. *Promoting health careers*: undertaking activities that attract more Maori into a health career.

Targeted groups

Intersecting the four strategic directions are four key targeted groups where specific strategies need to be applied.

1. Maori students in school
2. Maori second chance learners
3. Maori in the workforce
4. The non-Maori health workforce

Strategic framework



Our principles

There are a number of key principles and approaches necessary to help make our vision real. These include:

- **Leadership** – Maori must take the lead and “get on the front foot” in driving workforce development
- **Whanau ora** – whanau wellness and health gain are at the centre of all Maori workforce development strategies both in terms of receiving better services and participating in the health sector
- **Unity** – capacity building requires unity, collaboration and partnerships between stakeholders within and across sectors
- **Rangatiratanga** – Maori have a right to control their own destiny and their own self development
- **Striving for excellence** – Maori can achieve the highest pinnacles in any field
- **Sustainable investment and gains** – making the investment now over the long term will secure major gains for the future

Strategic overview

The following section sets out a range of objectives and actions to begin implementing the strategic framework.

Summary of Objectives and Actions for the four key strategies

Strategy	Objectives
1. Information & planning	1.1 Robust Maori health workforce data
	1.2 Planned Maori workforce growth targets
	1.3 Using research and evidence to benefit Maori workforce development
	1.4 Monitoring
2. Forming effective relationships	2.1 Building effective relationships within and across sectors
3. Building strategic capacity	3.1 Accelerated Maori workforce pathways
	3.2 Develop Maori workforce careers pathways
	3.3 Organisations that attract and keep Maori workers
	3.4 Health and disability training meets the education and training needs of Maori health workers
	3.5 Incorporate Maori models of care and cultural competence into health and disability workforce education and training
	3.6 Support Maori leadership in Maori health and disability workforce development
	3.7 Auditing training programmes
	3.8 Addressing contract inequities
	3.9 Investing in Maori health and disability workforce development
4. Promoting health careers	4.1 Health careers marketing and promotion
	4.2 Review Careers Advice to Maori
	4.3 Regional recruiter position



Maori pharmacists

Putting the key strategies into action

Strategy one: Information and planning

Key issues

- Planning and monitoring the development of the Maori health workforce relies on quality data about the current Maori health workforce
- DHBs provide some Maori workforce data as part of national performance indicator set
- DHBNZ has a national HWIS project which will set in place systems to report on the workforce overtime
- NZHIS collates Maori workforce data from registration bodies where available
- Some Census data is available
- Information needs to include ethnicity, numbers, occupations, experience levels, turnover, retention, attrition, career progression, salary relativity and positions within organisations, training accessed and training opportunities and needs.
- DHBs are required to report on the Maori workforce as a key performance indicator, however common definitions need to be agreed nationally.
- Mokowhiti Consultancy have completed a useful profile on the Maori provider mental health workforce in Te Waipounamu

Objectives and actions

Objective	Actions	Milestones	Responsibility
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Objective	Actions	Milestones	Responsibility
1.1. Robust Maori health workforce data	<p>Undertake a regional project to develop a profile of the Maori health workforce in Te Waipounamu</p> <p>Establish systems to regularly update the baseline data and make it available for planning</p>	<p>Nationally consistent definitions of Maori workforce occupational groups agreed [by December 2005]</p> <p>Baseline profile finalised [by July 2006]</p> <p>A real time national database which is accessible on the web and incorporates the Maori specifications and baseline profile developed [by December 2007]</p>	<p>Te Herenga Hauora [lead], with DHBs, MoH, NZHIS</p> <p>DHBNZ, HWIS</p>
1.2. Planned Maori workforce growth	<p>Develop a forecasting model to identify future workforce needs and targets in Te Waipounamu</p> <p>Key Maori workforce objectives and targets incorporated into local DHB Strategic Plans & DAPs; to include targets for matching the Maori workforce to at least the proportion of Maori in the DHB population by 2010</p>	<p>A forecasting model paper to assist planning for future supply and demand of Maori health workers, [by July 2006]</p> <p>DHB Maori workforce development plans agreed and resourced (on a local or regional basis) [by December 2005]</p>	<p>Te Herenga Hauora [lead], with DHBs, MoH</p> <p>Maori GMs & P&F (lead) within their DHBs</p>
1.3. Using research and evidence to benefit Maori workforce development	<p>Collate the latest sector evidence based-research on Maori workforce development to help inform local planning</p> <p>Identify a local set of Maori workforce research topics for implementation</p>	<p>Report collated [by June 2006] and research findings disseminated [by December 2006]</p> <p>Paper disseminated to the research community [by December 2006]</p> <p>All Maori workforce development research on workforce issues made available on the Maori workforce website as it is completed</p> <p>Realign Maori Provider Development Scheme and CTA workforce development component with the findings of the research [by December 2005]</p>	<p>Te Herenga Hauora [lead] with MoH & HRC</p>
1.4. Monitoring this Plan	<p>Develop workforce performance indicators and establish regional or local systems for reporting on and monitoring performance on Maori workforce objectives and outcomes</p>	<p>Maori workforce performance indicators agreed and incorporated into planning, audit and monitoring processes, by [January 2007]</p> <p>Regional/local systems established for monitoring Maori workforce development [by June 2006]</p>	<p>Te Herenga Hauora & DHB P&F teams [joint lead]</p>

Strategy two: Forming effective relationships

Key issues

- Some mainstream workforce development activities are being done to clarify relationships and roles - including DHBNZ's workforce projects and projects initiated by the Ministry of Health and the Health Workforce Advisory Committee
- DHBs have a critical role as major employers, and also because of their statutory responsibilities to improve the health of their Maori populations, to fund community based services, and to support Maori to develop the capacity to provide for their own needs.

- Because workforce development is complex and long term and cannot be achieved efficiently at the level of the individual organisation, other organisations also have important roles. It is important to bring together all the key stakeholders to be able to take a “systems” approach to Maori workforce development. Different collections of stakeholders will need to come together at different times to undertake workforce development activities (See Appendices).
- Local relationships between health providers and communities, hapu, iwi, schools and tertiary institutes are an important starting point.

Objectives and actions

Objective	Actions	Milestones	Responsibility
2.1 Building effective relationships within and across sectors	<p>DHBs to develop collaborative relationships with local Tertiary Education Commission, Te Puni Kokiri, tertiary institutes, iwi, Maori providers and other stakeholders to develop clear roles and responsibilities</p> <p>Capitalise and expand on local opportunities [e.g. Hands on Science]</p>	<p>Discussion paper on options for clarifying roles and strengthening intersectoral relationships and collaboration [by December 2006]</p> <p>Regional and local hui held with all key stakeholders [by March 2006]</p> <p>Informal and formal working relationships in place [by March 2007]</p> <p>Career pathways in place [by June 2007]</p>	Each DHB (lead), Education, Labour, Te Puni Kokiri, providers, hapu, iwi Maori community organisations

Strategy three: Building strategic capacity

Key issues

- Building Maori health and disability strategic capacity so it can meet whanau health and disability needs has a number of components:
 - Expanding the size of the workforce so that it at least equals the proportion of Maori in the New Zealand population – this requires strategies to increase both recruitment and retention of Maori workers
 - Building the capability and skills of the Maori workforce, including dual competency in cultural and clinical or professional skill areas
 - Increasing organisational capacity of organisations where Maori work to create environments which attract and retain Maori, facilitates Maori leadership, supports excellent practice, and supports Maori workers to practice as Maori.
- Encouraging young Maori to choose a career in health or disability support and to access training opportunities requires promoting health and disability careers with whanau, schools, tertiary education institutes, careers advisory services and Maori communities, and the use of successful role models to attract Maori. Whanau, hapu and iwi are an important influence on the career choices of young Maori and need information on health and disability careers and the contribution they can make to whanau ora and Maori development. For some Maori there is also a need for programmes to assist them into the tertiary education system such as bridging courses, study networks and financial support.

- There is range of scholarships and other forms of support for Maori studying health sciences including the Maori Provider Development Scheme (which also provides small scholarships for Maori still at school who are studying relevant subjects), Te Rau Puawai scholarships for Maori training in mental health. Other DHBs already provide scholarships to students wishing to work in the sector.
- A number of universities have affirmative action programmes to offset educational disadvantage for Maori (and Pacific people) and to assist them to make a successful transition into university education, for example the MAPAS and Vision 20:20 schemes.
- There may also be potential to speed up the time it takes to qualify for health or disability careers. It is proposed that the Ministries of Health and Education explore with the relevant professional organisations options for fast tracking health and disability education programmes in ways that ensure participants still achieve the necessary competence and experience.
- Retention is related to job satisfaction, a sense of making a difference, opportunities to continue developing professionally and personally as well as to remuneration and working conditions. For many Maori it is also related to being able to work in Maori ways without constant questioning and challenging. Opportunities for improving retention include development of career pathways for Maori workers, and upskilling the organisations in which they work through more effective human resource policies and practices, and developing their understanding of Maori health and cultural issues. Nursing organisations are currently working on career pathways for nurses, including Maori nurses.
- Career pathways will be dependent on the skill levels required for the role of each individual. As the majority of Maori health workers are involved in community work it is likely that the technical learning component for their ongoing career path is less significant that would apply for a professionally qualified worker. As such there is a need to identify different pathways for each group of worker. This is likely to mean that secondments, placements and exchanges will be an important component of a community worker's career path whereas developing relevant specialisations may be more important for a professionally qualified worker.
- There are some practical things that health and disability organisations employing Maori can do to build a more supportive environment. It is now reasonably standard, for example, for human resource policies to encourage whanau support in interviews, support tangihanga leave to allow Maori workers to participate in important institutions of te ao Maori, encourage Maori to strengthen links with their iwi and develop their knowledge of te reo and tikanga, and to have agreed policies around koha. Many also encourage their non-Maori staff to increase their knowledge of Maori practices and approaches to health, which also helps create more comfortable environments for Maori workers. These measures can be extended, for example by supporting secondments of Maori staff to work with their iwi organisations; by adopting best practice protocols that incorporate Maori health practices; and by undertaking cultural audits of their own organisations.
- Education and training institutions must keep pace with changing skill requirements. Future job growth and skills requirements will be in primary care, community-based and early intervention services and with the emphasis on intersectoral approaches.

- Training needs will differ for different groups. Recognition of Maori models of health and knowledge needs to be integrated into the ongoing education, training and assessment of competency of all health and disability practitioners, not just Maori. In addition, many whanau or community health workers (including the kaumatua who work in many Maori services) are already skilled in tikanga, te reo and Maori health approaches, and need to opportunity to continuing developing in these areas and also in some cases add on clinical or professional skills. Other Maori may have good clinical competencies but wish to develop their cultural competencies to better meet the needs of whanau.
- Some Maori workers may want to supplement their clinical or community skills with management, leadership, policy or research training in order to extend their influence within the sector. DHBNZ, for example, has a leadership and management programme (LAMP), designed to train its members in leadership and governance.
- Maori-led organisations and networks such as Te Ohu Rata O Aotearoa, National Council of Maori Nurses, Nga Maia Maori Midwives, Te Whiringa Trust, Te Rau Matatini, Hauora.com, Te Tumuwhakarae, Te Matarau MDO network, and MAPO are all important organisations in developing the Maori workforce. These organisations need to be supported and utilised to build capacity.
- Te Whiringa Trust and Hauora.com are currently developing options for recognising, formalising and developing the competencies of whanau and Maori community workers, which will assist in improving consistency and standards across the country. There may be a need to undertake similar exercises in other unregulated occupational areas.
- The Health Workforce Advisory Committee (Maori sub committee) is currently commissioning an economic analysis in regard to investing in the Maori workforce.

Objectives and actions

Objective	Actions	Milestones	Responsibility
3.1. Accelerated Maori workforce pathways	Ministry of Health and Ministry of Education to support and provide incentives for accelerated educational pathways and outcome based training	Investigate accelerated educational pathways for key health programmes (for example, reducing medical training to 4 to 5 years), [by July 2007]	MoH & MoE [lead] with professional organisations and the TEC
	Investigate bonding arrangements, work placement and other local initiatives that encourage accelerated entry into the workforce.	Programmes in place [by June 2007]	Te Waipounamu DHBs HR dept.
	Develop pathways for second chance learners into health careers (including work experience and internships)		Te Waipounamu DHBs, polytechs and wananga

Objective	Actions	Milestones	Responsibility
3.2. Develop Maori workforce career pathways	<p>Provide coordination of career pathways across all health occupations from pre-entry training, placement, and employment, to post entry level. [Refer Maori career pathways project for Northern DHBs)</p> <p>Develop and maintain a comprehensive database and career tracking system to provide accurate information on training and education opportunities available, by December 2006</p>	<p>Career pathways project in place [by December 2007]</p> <p>Tracking system operating and informing Maori GMs [by December 2007]</p>	Te Herenga Hauora [lead] with the MoH
3.3. Organisations that attract and keep Maori workers	Te Waipounamu DHBs to develop a consistent "Maori friendly" Human Resource Policy	<p>Pilot policy at selected DHB</p> <p>Consistent Maori HR policy in place across Te Waipounamu DHBs [by December 2006].</p>	Te Herenga Hauora with DHB HR depts [joint lead]
3.4. Health and disability training education and training meets the needs of Maori health workers	<p>Ministry of Health and DHBs to develop a template and toolkit to help funders and providers assess Maori workforce training needs</p> <p>Funders and providers to undertake an assessment of training needs and make the information accessible to the sector</p>	<p>Template and information published on the Maori workforce development website [by March 2006]</p> <p>A range of training needs assessments completed [by June 2006], and at least every two years after that]</p>	<p>Ministry of Health (lead), DHBNZ</p> <p>Ministry of Health, DHBs, PHOs and other relevant agencies</p>
3.5. Incorporate Maori models of care and cultural competence into health and disability workforce education and training	<p>Identify training needs of Maori and non-Maori staff both DHB and NGO providers wanting to develop tikanga, te reo skills and Maori health approaches</p> <p>Identify gaps in availability of appropriate training and options for addressing gaps</p> <p>Support Maori and non-Maori workers who want to attend education and training te reo, tikanga and hauora Maori.</p> <p>Develop tools for mainstream workers and organisations to develop their cultural competency [e.g. ADHB Tikanga Best Practice Policy]</p> <p>Establish a project to refine and acknowledge the role of Maori community healthworkers, tohunga, rongoa practitioner, cultural advisors, indigenous worker, and whanau ora workers in service and training specifications</p>	<p>Training needs analysis completed [by June 2006]</p> <p>Policy on te reo and tikanga across all Te Waipounamu DHBs [by June 2006]</p> <p>Appropriate cultural competence or tikanga best practice frameworks implemented [by December 2006]</p> <p>Maori specific roles defined and incorporated into service and training specifications [by December 2006]</p>	<p>Te Herenga Hauora with DHB HR dept.</p> <p>Te Herenga Hauora with DHB HR dept</p> <p>Westcoast Maori GM [lead]</p> <p>Otago & Canterbury DHB GM [joint lead], SISSAL with Te Whiringa Trust</p>
3.6 Support Maori leadership in Maori health and disability workforce development	<p>Establish working relationships with key Maori-led health professional and worker organisations and networks and workforce development organisations</p> <p>DHBs and Ministry of Health will ensure Maori participation in leadership, governance, management and clinical leadership programmes, including developing appropriate courses where none currently exist</p>	<p>Collegial forums established with key organisation [by September 2006]</p> <p>Training needs analysis completed [by March 2006]</p> <p>Courses identified and attended by Maori [by March 2007]</p>	<p>Te Herenga Hauora [lead] & Maori-led organisations</p> <p>DHBs and MoH</p>

Objective	Actions	Milestones	Responsibility
3.7. Auditing training programmes	Ministry of Health through the CTA to maintain a programme of regular cultural auditing or health training programmes. Audit the effectiveness of primary care training for Maori (e.g. Royal College of GPs)	All DHBs and tertiary institutes to maintain a cultural audit programme on an ongoing basis [by May 2005] Audit information to be collated and reviewed nationally with a view to using it to inform future decision making on education programmes, by [July 2006] onwards.	MoH (lead) with DHBs and tertiary education institutes
3.8. Addressing price inequities	Ministry of Health works with DHBs and Maori providers to identify the issues to be addressed. Appropriate strategies in place.	Issues identified, [by June 2007] Options and timeframes for addressing issues agreed, [by December 2007]	DHBs and Maori providers
3.9. Invest in Maori health and disability workforce development	Develop a model for analysing the costs and benefits of investing in Maori health and disability workforce development Identify the level of investment required to achieve desired level, mix and skills development of the Maori health and disability workforce Identify available scholarship programmes and analyse their effectiveness and coverage.	Cost benefit analysis completed by [October 2006] and made available to funders and providers. Level of required investment identified by [December 2006] together with funding targets for the Ministry of Health and DHBs and a funding pathway Scholarships programmes identified and information disseminated to the sector [by June 2006]	Te Herenga Hauora with MoH (joint lead) with DHBNZ. HWAC and Maori provider organisations

Strategy four: Promoting health careers

Key issues:

- Emerging research findings suggests that Maori students do hold a health career in high regard and are unlikely to choose health as a career over the wide range of other career options and competitive marketing.
- It is unclear as to whether School Career Counselling and counselling resources are effective mechanisms for attracting Maori to work in health
- Maori make up 50% of the New Zealand Army due to grassroots community recruitment from school.

Objective	Actions	Milestones	Responsibility
4.1. Health Career Marketing	Develop a marketing plan for Health career opportunities targeting; <ul style="list-style-type: none"> Maori in the workforce Maori in school Maori second chance learners; and Non-Maori interested in working in Maori health 	Health career's marketing plan implemented [by December 2006]	Te Herenga Hauora & DHB HR depts.

Objective	Actions	Milestones	Responsibility
4.2. Review Careers Advice to Maori	Establish a project to review the effectiveness of all Te Waipounamu Career Counsellors, health career resources, and student outcomes.	Review complete [by October 2006]	Te Herenga Hauora and DHB HR depts.
4.3. Regional Recruiter position	Establish and appoint a regional recruiter and Maori workforce development position to recruit Maori into health careers from school [as per Army model]	Position appointed [December 2005] Action plan developed, funded and signed off [by February 2006].	Canterbury DHB GM [lead]

Dr Sylvia Van Altvorst, Dr Donna
Clark, Dr Hine Elder: Psychiatrists



Implementing the plan

Developing the Maori health and disability workforce and improving whanau ora is the responsibility of the whole of the sector, not just Maori, although Maori play an important leadership role. Maori workforce development is part of wider workforce development and needs to be integrated into wider workforce initiatives as well as receiving specific and focused attention. Further, while this plan focuses on the Maori workforce specifically, strategies are also needed to develop the non-Maori workforce to be able to deliver to whanau more effectively.



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Appendices

Appendix one: Estimated Maori health and disability workforce numbers

Appendix two: Key stakeholders and their responsibilities

Appendix three: Glossary of terms

Appendix one: Estimated Maori health and disability workforce numbers

Source: Health Workforce Advisory Committee 2001 Stocktake of the Health and Disability Workforce: NB: Shaded cells indicate data gaps.

Workforce group	Estimated number	% Māori
Alcohol and drug workers	785	
Audiologists	70	
Chiropractors	218	0.7
Community health workers		
Counsellors		
Dental assistants	116	
Dental hygienists	120	
Dental technicians	315	1.0
Dental therapists	569	5.7
Dentists	1591	1.5
Dieticians	343	1.6
Disability support needs assessors and service coordinators		
Health promoters		
Health managers		
Health protection officers and environmental health officers	332	
Medical laboratory technologists	1292	0.2
Medical physicists	65	
Medical practitioners	8615	2.3
Medical radiation technologists	1459	0.7
Mental health consumer and family workers	177	
Mental health support workers	875	
Midwives	2081	3.4
Nurses	34895	6.3
Occupational therapists	1372	0.6
Optometrists and dispensing opticians	604	0.3
Orthodontists and prosthetists	135	
Osteopaths	318	
Other health technicians	597	
Pharmacists	2831	0.7
Physiotherapists	2500	0.7
Podiatrists	240	1.6
Psychotherapists	269	
Registered psychologists	1124	1.3
Social workers	2697	18.0
Speech language therapists	480	
Subtotal	66,989	5.4
Informal support workers (estimated number of people, not FTEs)	30,000	
Alternative and complementary health practitioners	10,000	
Total	106,989	

Appendix two: Key stakeholders and their responsibilities

The following section identifies stakeholders across the various sectors and outlines what role they play in facilitating particular aspects of Maori workforce development.

Whanau, hapu, iwi

Whanau, hapu and iwi are key stakeholders in Maori workforce development as the ultimate beneficiaries of improved health and disability services and the source of the Maori workforce.

Many hapu and iwi also own and run health services which provides employment and development opportunities for members hence an emphasis on encouraging members into a health career. Maori workforce development needs to meet the aspirations of whanau, hapu and iwi as well as the health and disability sector.

Ministry of Health

The Ministry of Health's Maori Health Directorate, Te Kete Hauora, is responsible for sector strategy and policy around Maori health and development. It also funds workforce development initiatives through Maori Provider Development Scheme (MPDS) and monitors DHBs against various accountability documents. The Ministry has a number of Directorates that provide policy advice or purchase services delivered to Maori, and are also responsible for prioritizing Maori workforce development. The Mental Health and Disability Services Directorates have Maori teams and are involved in delivery of services to Maori. The Public Health Directorate plans and funds public health services for Maori. The Clinical Services Directorate is leading the establishment of primary health organisations and writes specifications for the purchase and delivery of services, including services for Maori.

The CTA funds post entry clinical training for mainly doctors and nurses. Maori specific programmes are funded such as Maori Clinical Teaching and the Hauora Maori Certificate, Support and Access as well as Maori mental health and child health training, rongoa training, and public health and general practice supervision and mentoring. The CTA has also completed a nationwide cultural audit (Maori) of its contracts and will be incorporating key changes into its contract and training specifications.

The New Zealand Health Information Service collects and collates registration data (including ethnicity data) from registration boards to build a picture of the medical workforce. This data is a key source of information on the shape of the Maori health and disability workforce.

District Health Boards/DHBNZ

DHBs are a major stakeholder and with the Ministry of Health will be a major driver of Maori workforce development activity. DHB's are statutorily responsible to reduce Maori health and disability inequalities; to continue to foster the development of Maori capacity to provide for their own needs; and to involve Maori in governance and decision making. DHBs are also the largest employers and trainers of Maori health workers in the health sector and fund Maori providers and other providers who also employ a large number of Maori health workers.

The DHBs' Maori health general managers are an important group who lead and develop Maori workforce strategies within their DHBs or in collaboration regionally, or through their national forum, Te Tumuwhakarae.

DHBNZ is the national association of DHBs and is mandated to lead and co-ordinate national workforce development initiatives through the Workforce Reference Group.

The Health Workforce Advisory Committee (HWAC)

HWAC provides independent advice to the Minister of Health on workforce capacity, future needs, strategies and the effectiveness of capacity building initiatives. HWAC's recent report to the Minister made a number of recommendations to progress Maori workforce development within both the health and education sectors.

With Health, DHBs should:

- include requirements for Maori capacity building in their workforce plans,
- develop "Maori preferred employer criteria",
- continue ongoing education and development for existing Maori health practitioners; and
- consider second chance health education initiatives, including work experience and internships for Maori.

In Education, the Ministry of Education should:

- provide accessible and positive health careers guidance to Maori students;
- develop a marketing strategy to promote health sciences as a career option;
- develop outcome based incentives encouraging tertiary institutes providing health and education to increase Maori recruitment and completion.
- The HWAC has established a specialist Maori advisory group to HWAC in 2004. Some of their key tasks will be to facilitate collaboration between health providers and education providers and monitor HWAC's recommendations in relation to Maori health and disability workforce development.²²

Maori health organisations and networks

Maori health providers and provider networks, such as MAPO, MDOs, Te Matarau (a collective of MDOs) and Nga Ngaru Hauora O Aotearoa (a network of independent Maori providers), and now Maori-led Primary Health Organisations (PHOs) are all a major source of employment, development and education for Maori health workers. They have led the significant increase in Maori participation in the health and disability sector.

²² Ministry of Health, (2004), "Health Workforce advisory Committee Third Annual Report to the Minister of Health", Health Workforce Advisory Committee.

Maori health professionals and workers themselves have led another approach to workforce development. Maori-led professional organisations and associations such as Te Ohu Rata O Aotearoa (Maori Medical Practitioners Association), the National Council of Maori Nurses, Nga Maia (Maori Midwives Collective), Taeora Tinana (Maori Physiotherapists), Te Whiringa Trust (Maori community health workers) and others not only provide organisation, support, mentoring, supervision, training and networking for their own members but promote and support people training to join health professions. work to promote their professions and support students. In some cases they also provide scholarships.

Te Rau Matatini was established March 2002 to lead and coordinate Maori mental health workforce development. In 2001, Hauora.com Trust was established as a national Maori health workforce development organisation to undertake a series of capacity building projects (such as training needs analysis, competency development, etc.) in support of the various Maori professional groups. For example, recently Hauora.com worked with a group of Maori Needs Assessment Coordination Service Kaimahi to set up an organisation to represent the developmental interests of Maori working with the disabled.

Mainstream professional organisations

Organisations such as the Rural Institute, Royal NZ College of GPs, NZ Nurses Organisation, College of Nurses Aotearoa and others that are responding to Maori workforce issues by developing specific strategies or by developing partnerships with their Maori affiliates.

Education Sector: Ministry of Education and the Tertiary Education Commission

The Ministry of Education oversees the education sector, is responsible for the Education Strategy, and funds schools. Broad directions for education include shifting the focus from schools to “life-long education which equips all New Zealanders to gain the strong learning foundations and the ability to keep acquiring new skills, knowledge and attitudes that will give them the best chance to get good jobs and to share in the wider life of their community and society.”²³

The Tertiary Education Commission is responsible for funding all post-compulsory education and training offered by universities, polytechnics, colleges of education, wananga, private training establishments, foundation education agencies, industry training organisations and adult and community education providers. The Tertiary Education Strategy concentrates on strengthening the relevance, connectedness and quality of tertiary education and strengthening links with stakeholders such as the health and disability sector. The strategy also emphasises the need to contribute to Maori development and to retain and develop matauranga Maori.²⁴

There is wide scope to work in closely with the education sector to influence future supply.

Te Puni Kokiri (TPK)

Te Puni Kokiri is responsible for advising the Government on strategic directions for Maori development overall, and for monitoring the effectiveness of other departments in delivering services for Maori.

²³ Ministry of Education 2003

²⁴ Tertiary Education Commission 2004

Ministry of Education funding (mostly pre-entry).

Major providers will also allocate funding to developing their workforce to meet the needs of the populations they serve.

Some of the actions in this plan may, however, require additional funding over and above the existing sources, particularly given the intention of this plan to accelerate Maori workforce development rather than continue at the current pace. Once the necessary actions to implement the vision of the plan have been agreed with the sector, the Ministry of Health will work with DHBNZ to cost the programmes for the next 5 to 10 years. Options for additional resources will be considered once the estimates are available.

Appendix three: Glossary of terms

Acronyms and Maori terms	Full description
CEO	Chief Executive Officer
CTA	Clinical Training Agency
DHB	District Health Board
DHBNZ	District Health Boards of NZ.
Hapu	Sub-tribe
He Korowai Oranga	The national Maori Health Strategy
HR	Human Resources
HRC	Health Research Council
HWAC	Health Workforce Advisory Committee
Iwi	A people with a shared identity and genealogy/tribe
Kaiawhina	Health workers providing support to health consumers and to their whanau
Kaumatua	Maori elder
Koha	Donation or gift
MaPO	Maori Purchasing Organisation
MDO	Maori Development Organisation
MoE	Ministry of Education
MoH	Ministry of Health
MPDS	Maori Provider Development Scheme
MWDP	Maori Workforce Development Plan
NGO	Non government organisation
NHS	The National Health Service in the United Kingdom
NZHS	New Zealand Health Information Service
PECT	Post entry clinical training
PHO	Primary Health Organisation
Rangatiratanga	Self determination
Rongoa	Maori medicine and traditional healing
Taeora Tinana	Maori Physiotherapists Organisation
Tangihanga leave	Leave to attend a tangi
Te Herenga Hauora o te Waka o Aoraki	The South Island DHB Maori Health General Managers and Directors Forum
Te Kete Hauora	Ministry of Health's Maori Health Directorate
Te Matarau	Network of Maori development organisations
Te Ohu Rata O Aotearoa	Maori Medical Practitioners organisation
Te Rau Matatini	Maori mental health workforce development organisation
Te Rau Puawai	A programme run through Massey University to increase the numbers of Maori in the mental health workforce
Te Reo	Maori language
Te Whiringa Trust	Maori community health workers organisation
Te Waipounamu	South Island
TEAC	Tertiary Education Advisory Commission
Tikanga	Rule, plan or method of Maori custom
WDP	Workforce Development Plan
Whakatataka	Maori Health Action Plan
Whānau	Family (immediate and extended)
Whanau ora	The term used in the document He Korowai Oranga to describe the overall aim: Maori families supported to achieve their maximum health and wellbeing
WINZ	Work and Income New Zealand