

Report on PHA Māori Caucus Workforce Development Hui

Rotorua, Tuesday 2 September 2008

Executive Summary

There have been a number of developments that have highlighted the need for more dialogue around Māori Workforce Development (MWFD) in public health. These evolutions include:

- Increasing numbers of Māori in the public health workforce
- Greater visibility of Māori in key positions
- High Māori visibility at this year's PHA conference in Waitangi

Against this backdrop the Māori caucus of the PHA planned a MWFD hui at Rotorua for 2 September 2008.

The objectives for the hui were:

- Develop Māori Workforce Development plan
- Positive positioning for PHA Māori caucus
- Contribute to PHA strategic directions

Some of the key players already involved in workforce development would be asked to present their perspectives, and participants would then work in small groups around a number of themes.

The end goal would be a workforce development plan which could be driven from Māori caucus PHA. The plan will assist and position the PHA to support other like-minded organisations in national MWFD efforts in coming years.

33 workers attended the hui which exceeded the expected numbers by a third. They worked in five groups to develop a plan and the recommendations from the hui can be clustered as follows:

1. Secure workforce development funding so that work can commence/continue
2. Undertake an environmental scan of existing activities
3. Develop a workforce development plan that takes account of:
 - environmental issues
 - other organisations, their roles and existing WFD
 - recruitment and retention
 - education and training

- pay and pay parity

4. Commence communications

These four tasks effectively provide a work plan for PHA Māori caucus. If work commences immediately a detailed plan could be presented to Council in November.

Peter Thomas
Māori caucus member
PHA Executive Council

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Background

There have been a number of developments that have highlighted the need for more dialogue around Māori Workforce Development (MWFD) in public health. These evolutions include:

- Increasing numbers of Māori in the public health workforce
- Greater visibility of Māori in key positions
- High Māori visibility at this year's conference in Waitangi

Two projects undertaken by other organisations have also focused on MWFD. Te Rau Matatini has developed *E Ara Tauwhaiti Whakarae (National Māori Public Health Workforce Development Implementation Plan)*. Even though the report is still in draft form it includes significant consultation with the sector, the advice of an expert reference group and recommendations for a pathway forward.

Hauora.com also held a workforce development hui this year which more than a hundred Māori working in public health attended. Some of the recommendations from this hui were:

- Establishment of a national advocacy body for Māori public health workforce development
- Investment in communications and branding

There are pockets of activity already underway in these spheres. So at least three organisations – Te Rau Matatini, PHA and hauora.com – have some kind of national profile and Māori advocacy role. And all three have focused on MWFD at some stage.

There are also some communications initiatives under development. Counties-Manukau District Health Board is developing a brand for MWFD, and the Ministry of Health is also exploring other options.

Planning for PHA hui

Against this backdrop the Māori caucus of the PHA planned a MWFD hui at Rotorua for 2 September 2008.

The objectives for the hui were:

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- Positive positioning for PHA Māori caucus
- Contribute to PHA strategic directions

Some of the key players already involved in workforce development would be asked to present their perspectives, and participants would then work in small groups around a number of themes.

The end goal would be a workforce development plan which could be driven from Māori caucus PHA. The plan will assist and position the PHA to support other like-minded organisations in national MWFD efforts in coming years.

The idea for the hui emerged primarily out of the enthusiasm generated at conference 2008, where the Māori presence in the workforce was clearly evident – and there was new support for Māori caucus. Even though the hui was publicized through Māori caucus channels, other Māori working in public health responded to the panui.

So, the hui presented as an opportunity to increase Māori membership of PHA.

What happened at the hui

33 workers attended the hui which exceeded the expected numbers by a third. The programme ran to schedule and a summary of small group discussions is attached.

Some themes clearly emerged, and a summary of these follows.

Matauranga Māori

Māori models of learning and public health practice need to be reflected at all levels of workforce development. Māori knowledge (te reo and tikanga) need to be recognised as part of core competencies and remuneration.

Māori management and decision making

Māori must be 'in charge' of the workforce development process. This begins at recruitment, and continues through to training. Māori workers need to be managed by Māori managers.

Public health profile

Public health is not glamorous or well-paid. This makes it difficult to attract young tertiary-educated Māori.

The third sector

Non-government organisations struggle to maintain pay parity with the government sector – and yet this is where many of the essential Māori health promotion and public health initiatives are located.

Resourcing

MWFD requires investment, and resourcing for this work appears to be shared across a number of agencies – which are national, regional, local, central government and non-government.

Māori caucus PHA

Some participants were confused about the role of PHA Māori caucus, so:

- Should Māori workforce development be driven from such a ‘mainstream’ organisation?
- How much say do Māori have at Council level?
- Who owns the information and plan developed at this hui?

Response from agencies

Dr Gay Keating (PHA), Dr Alison Blaiklock (Health Promotion Forum) and Manaia King (MOH) were invited to join the hui at the end of the day to review the work and reflect on how their organisations could support the plans that emerged.

Their response was positive although it was tempered by their concerns over the limited resources and staffing levels within their organisations. All are keen to continue these discussions and support any new initiatives however.

Recommendations

Each of the five working groups was asked to come up with three recommendations to progress developments in each domain. These can be clustered as follows:

1. Secure workforce development funding so that work can commence/continue
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3. Develop a workforce development plan that takes account of:
 - environmental issues

- other organisations, their roles and existing WFD
- recruitment and retention
- education and training
- pay and pay parity

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These four tasks effectively provide a work plan for PHA Māori caucus. If work commences immediately a detailed plan could be presented to Council in November.

Agenda

PHA Workforce Development Hui

Objectives:

- Develop Māori Workforce Development plan
- Positive positioning for PHA Māori caucus

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|---------|--|
| 9.00am | Welcome Overview from PHA Māori caucus |
| 9.30am | Perspectives: <ul style="list-style-type: none">• PHA (Kay Berryman – competencies)• HPF• hauora.com |
| 11.00am | Morning tea |
| 11.30am | Small group planning: <ul style="list-style-type: none">• Policy framework• Recruitment and retention• Training• Resourcing• Communications/branding |
| 12.30pm | Lunch |
| 1.30pm | Small group feedback |
| 2.30pm | Development of plan |
| 3.30pm | Presentation to decision makers: <ul style="list-style-type: none">• Alison Blaiklock, HPF• Manaia King, MOH• Gay Keating, PHA |
| 4.30pm | Close |

Attendees

| | | |
|-----------------------|-----------------------------|--|
| Anton Blank | Facilitator | anton.blank@xtra.co.nz |
| Dobbie Martin | ADHB | robertma@adhb.govt.nz |
| Iwi Te Whau | Te Papa Takaro o Te Arawa | iwi@papatakaro.org.nz |
| Dale Wilson | Waikato DHB | wilsonda@waikatodhb.govt.nz |
| Wai Vercoe | Waitemata DHB | wai.vercoe@waitematadhb.govt.nz |
| Maylene Meroiti | Te Papa Takaro o te Arawa | maylene@papatakaro.org.nz |
| Donna Leatherby | Hauora Taranaki PHO | donna@toiora.net.nz |
| Shane Ruwhiu | Mid Central DHB | shane.ruwhiu@midcentraldhd.govt.nz |
| Oriana Paewai | Rangitane | oriana.paewai@rangitane.co.nz |
| Chrissy Karena | Tararua PHO | christine.karena@midcentraldhd.govt.nz |
| Grant Berghan | Hauora.com | grant.berghan@xtra.co.nz |
| Denis McLeod | Toiora – Healthy Lifestyles | denis@toiora.net.nz |
| Rachael Puru | Raukura Hauora o Tainui | rachael.puru@rauakura.com |
| Leigh James Henderson | Ministry of Health | leigh_henderson@moh.govt.nz |
| Lani Marama | BOPDHB | lani.marama@bopdhd.govt.nz |
| Irene Walker | THMM | irene@thmm.co.nz |
| Catherine Manning | ARPHS | cmanning@adhb.govt.nz |
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| Donna Richards | ARPHS | drichards@adhb.govt.nz |
| Anita Taggart | HVDHB | anita.taggart@huttvalleydhd.org.nz |
| Dallas Faul | Raukura Hauora o Tainui | dallas.faul@rauakura.com |
| Manaia King | MOH | manaia_king@moh.govt.nz |
| Riki Niania | CCDHB | riki.nia_nia@ccdhd.org.nz |
| Olivia Papuni | Community and Public Health | olivia.papuni@cdhd.govt.nz |
| Todd Bell | Alcohol Healthwatch | todd@ahw.co.nz |
| Suzy Waaka | | suzy.waaka@cdhd.govt.nz |
| Lee-Cherie King | Te Ora o Manukau | lee-cherie.king@manukau.govt.nz |
| Brad Linklater | | linky_brad@hotmail.com |
| Stephen Te Moni | Tipu Ora | stemoni@tipuora.org.nz |
| Kay Berryman | | kay@pha.org.nz |

Workshops

The five groups were asked to brainstorm the issues within each of their areas and develop three specific recommendations for action in each area.

A summary of each group's work follows.

1. Communications and branding

Issues and discussion

- There is a fragmented approach from the public health sector to secure potential WFD funding.
- Need to strengthen the Māori caucus of the PHA to secure support for PHA and Health Promotion Forum efforts with MWFD.
- We must work efficiently by utilising existing research and environmental scans (work already completed).
- We need to develop communications to stakeholders.
- There is duplication of MWFD work.

Recommendations

- Support by Māori for Māori to secure MWFD funding.
- Complete environmental scan of existing work.
- Develop communications plan to address MWFD needs.

2. Policy and planning frameworks

Issues

- If we are to make any changes we need to develop a PHA policy framework.
- How about frameworks for the unregulated workforce?
- There needs to be better co-ordination between the various Workforce Development Steering Groups and committees within the Ministry and throughout the sector.
- PHA should develop a MWFD policy/position statement. The PHA could create a sub-committee appointed by the PHA Council. Could include MOH rep.
- Māori competencies should be better recognised and prescribed to all who are working within the sector. Māori shouldn't just be judged on their own competencies to work with Māori, there needs to be shared responsibility.
- PHA is a voluntary organisation with political influence and mana but no enforcement ability.
- There is strong Māori participation in public health and a growing membership as PHA members.

- Contrary to other parts of the health sector, there is some recent information in respect of the public health workforce including the Māori public health workforce.
- There is good will on the part of the PHA and HPF and Māori.
- Māori need to lead out and provide a clear direction to the PHA and HPF to progress Māori workforce development across the sector.
- The PHA Māori caucus recognises that workforce development is the number one priority for the health sector, and is especially critical for the Māori health workforce.
- The PHA Māori caucus is committed to work with the Health Promotion Forum, and other like-minded organisations, to build and develop the Māori Public Health sector. To that end, we request that the PHA and the Health Promotion Forum support us as Treaty Partners, in relation to the following recommendations:

Recommendations

Establish a Māori sub-committee to be responsible for developing a draft PHA Māori public health workforce policy, to be presented to the next Māori PHA Caucus meeting in November, 2008. The draft policy will encompass, amongst other things, the following:

- Te Tiriti o Waitangi/the Treaty of Waitangi.
- Māori leadership and control of Māori public health workforce development.
- Funding and resourcing.
- Training and development.
- Mentoring.
- Scholarships.
- Career development.
- Recruitment and retention.
- Te reo me ona tikanga.

3. Recruitment and retention

Issues

- Public health is not seen as a sexy sector/occupation.
- Difficult scholarship process.
- Salary scales in NGOs do not compare to mainstream organisations and government agencies.
- There is no recognised career path.
- Gender imbalance.
- Recruitment strategies need to also focus on Māori men and rangatahi who have just entered the public health workforce.
- Ministry recruitment and retention strategies need to make it sexier for Māori to come into and stay in public health because the perception is that the sector is not glamorous.
- Ministry needs to look at ways of stabilising the intra sectoral competition for staff. Pay parity may be one way to minimise poaching and would assist in recruiting and retaining staff.

- Engendering a genuine recognition of Māori competencies within mainstream organisations would enable Māori staff being interested in mainstream and staying.

Recommendations

- Ensure there is Māori representation in the recruitment process.
- Develop innovative and flexible employment options.
- Use role models.
- Develop competencies in te reo and tikanga.
- Initiate research to show the positive impact of Public Health.
- Role industry transfer (from sport and fitness to PH).
- Develop local initiatives.
- Look at succession planning.
- Explore pay parity for NGOs.

4. Resourcing

Issues

- Need to identify specific MWFD funding streams.
- Need to develop specific targets for MWFD – develop MWFD plan for public health.
- Need remuneration plan for MWFD.
- Identify a pathway forward.
- Need decision making framework re resources (local, regional, national).
- Identifying MWFD resourcing priorities for public health.
- Develop leadership and advocacy.
- Support the sharing of resources to support employees while delivering public health programmes.
- Recognise Māori specific resources beyond pamphlets, posters and brochures and fund adequately.
- Māori kaimahi as a resource is an under recognised tool which is also under appreciated.

Recommendations

- Identify funding streams.
- Set targets.
- Drive outcomes (make someone accountable).

5. Training

Issues

- Cost, access and availability.
- Should be greater recognition of Māori models.
- There should be parallel development with educational institutions.
- Investment in career development.
- Health promotion principles vs Māori paradigms.
- Database of skill.
- Practice quality.
- Assign budget - other funding opportunities (scholarships, tertiary training funds).
- Explore relevant opportunities (urban/rural etc).
- Right training in the right place and time.
- Iwi specialised training/wananga, Mauri ora/tuturu framework, recognition of prior learning and Māori life skills, whakapapa-based training.
- Need a commitment to excellence.
- There needs to be a parallel increase in provider baseline funding if there is an expectation that providers send staff onto training courses which are being developed.
- Having more training courses doesn't necessarily mean that providers will enrol staff onto the courses as there may be funding restraints.
- Even if courses were free the cost of travel and accommodation still adds an additional burden onto already limited funding resources.

Recommendations

- Ministry increase baseline funding to key training organisations such as PHA and HPF, to better enable these organisations to meet increased demand for training due to focus on workforce development.
- Ministry contracts to include WFD funding which is tied to the baseline similar to CAYAD community development fund.