

# Te Whiringa Hui 2010

## Background

In 2002 at Tama Te Kapua Marae in Rotorua a working group was established to advocate on behalf of the Maori community health workforce. The development of this roopu was a direct response to the ongoing concern workers had about the lack of coordination amongst themselves; about the absence of relevant training with ongoing support; the inability to practice in a Māori way due to non Māori perceptions of value and the perceptions of their clinical peers who were more inclined to undervalue their work. Māori community health workers represent at least 50% of the Māori health workforce. This workforce development has the most potential to empower and build upon the aspirations of Māori whanau.

The initial working group comprised of nominations from the hui and iwi representatives. In 2005 at a hui held in Tairāwhiti the roopu were mandated to represent Māori Community Health Workers at a national level. The membership by this time had reduced mainly because of the financial constraints of some representatives, more specifically those that lived in the South Island and representatives from small rural towns. All this work was sadly self-funded and this meant that some representatives could no longer be involved. The remaining Te Whiringa Trustees were: Manu Graham (Chair), Wharangi Waetford, Nell Paenga, Riripeti Haretuku, Hoana Makiha, Ataroa Brampton, Marion Hakaraia (trustees) and Brigham Anderson (Business Unit).

In 2010, the roopu continues to operate with the support of a small MPDS fund. This funding has allowed the group to meet quarterly, provide advice, develop a website and facilitate some hui regionally and nationally. The funding has not been enough to build an efficient infrastructure or for resource and training development or support for Māori community health workers.

The work over the last nine years includes -

- ❖ 2002 National Hui, Rotorua - Tama te Kapua Marae,
- ❖ 2003 MCHW's Working Group established,
- ❖ 2003 National Hui, Auckland - Papakura Marae,
- ❖ 2004 Regional Hui, Far North, Auckland, Whangarei, Hastings, Gisborne, Rotorua, Nelson, Christchurch, Dunedin, Whakatane, Whanganui, Wellington
- ❖ 2005 Gisborne Hui: Te Whiringa mandated,
- ❖ 2007 National Hui, Tamaki Makaurau Hui - Waipuna Conference Centre
- ❖ 2007 Establish Infrastructure/ Inform the development of competencies.
- ❖ 2008 Regional Hui, Waitangi, Whanganui, Christchurch, Invercargill
- ❖ 2008 Reduced MoH contract.
- ❖ 2009 National Survey and restructure of Te Whiringa.
- ❖ 2010 Tamaki Makaurau Hui, Te Manukanuka o Hoturoa Marae.
- ❖ Develop a Te Whiringa website.
- ❖ Collaborate with key groups involved in workforce development – e.g. Te Rau Matatini, MoH, Hauora.com, HPF, PHA, Hapai Hauora, NZ Institute of Rural Health.
- ❖ Influence the development of Public Health competencies,
- ❖ Develop draft Māori community health competencies,
- ❖ Inform regional development of competencies eg diabetes Counties Manukau.
- ❖ Advocate for national and regional development (MPDS funding for implementation of the strategy)

## Introduction

Māori community health workers want representation and recognition at a national and regional level. They want a more structured approach to their work and they want to work collaboratively across sectors because of the complex issues they were dealing with. They want their colleagues to be cognisant of the important role they play in Māori health development and they want training that supports them because of the complex situations they are often working within. They want to be mentored by people they respect and they want to feel valued. Most of all they want Māori communities to be well.

For some health managers, the work of a Māori community health worker appears arbitrary. Māori community health workers understand this tension and tend to under report their work for fear of reprisal by their managers. Despite this potential reprisal they will more often respond to the urgent needs of whanau. They understand the complex environment that whanau are living in (e.g. poverty, sub standard housing, unemployment, diabetes, heart conditions, obesity, alcohol abuse, physical abuse and suicide), and they will do their best to respond to their needs. These are literally their communities. They are connected through genealogy and are therefore responsible to care for whanau. That is one of their key strengths and some might say their weakness as a workforce. They play a crucial role as interpreters, advocates, liaisons and mediators. They can strongly influence decisions made by Māori whanau and have the potential to strongly influence the success of health initiatives. They are trusted by Māori whanau because they are committed and are a constant long after contracts end and governments change. The central part they play in these "unremarkable" roles can shape the health of Maori communities and cannot be over emphasised. Their actions can and do profoundly affect the decisions and actions of Maori communities and therefore requires further investment and enquiry.

Māori community health workers want to ensure that their contribution to the health and wellbeing of Maori whanau is no longer ignored or taken for granted. The most concerning issue is that despite the ten years of advocacy by Te Whiringa there is still little to no support for this workforce within Government systems or policies. The following comments were noted at the Te Whiringa hui in Auckland 2010. These comments underpin three main themes -

### **Re positioning community health workers in the health sector**

- ❖ Who is the national authority for community health workers in New Zealand?
- ❖ We want leadership from those who know what we are about. Te Whiringa need to raise their profile but realistically there is no funding or capacity to do the work.
- ❖ We know our work could be significantly improved if resources and infrastructure were made available for community health workforce development.
- ❖ The health sector needs to understand the changing context of health in Māori communities and the new skills required to address these complex issues.
- ❖ Political and economic changes threaten our entire workforce.

- ❖ How do we remain relevant in an environment that is geared towards clinical workforce development?
- ❖ Health and well being is about the wider determinants of health.
- ❖ Complex issues require us to work across all sectors collaboratively not just health.
- ❖ We need to be the first point of contact, not the fourth or fifth or when whanau health is at crisis point.
- ❖ Within the hospital, we, as MCHW's (nga kai awhina) work well however we need to establish good hand over procedures to the workers in the community. Networking or working with other providers in the community is an area we need to improve on.

### **The learning needs of community health workers**

- ❖ Is Māori community health work a profession?
- ❖ Set benchmarks – we want a set of core skills.
- ❖ Our managers, trainers and mentors need to be experienced community health workers.
- ❖ How will the new workforce get their practical experience?
- ❖ Training has to be on par with what we do.
- ❖ We are not convinced that formal qualifications will improve the health of whanau. In fact we think in some cases it may be counter productive.
- ❖ Training in the past has been ad hoc and sometimes unrelated to Māori community health work.
- ❖ Recognise prior learning (RPL) of the Māori community health workforce,
- ❖ We need to provide a consistent level of training, so we can be confident that training delivered by one provider and is in line with other comparable training programmes.

### **Community health worker skills and whanau perception**

- ❖ Our networks are vital to the work we do.
- ❖ We are passionate and we work hard.

- ❖ We live in the communities we serve and are often related through family ties to these communities therefore we have a vested interest in the outcomes.
- ❖ We work comfortably across disciplines - we always have. It's our managers and the contracts that have the issue - we are there for the whānau, and sometimes they need more than health related information.
- ❖ We are a fragmented workforce.
- ❖ We have team leaders who keep us in restricted roles
- ❖ We have few opportunities to learn from each other. We need to work more collaboratively.
- ❖ We manage crisis issues, and chronic conditions.
- ❖ We want to support kaumatua and kuia to help us help whanau?

### **Possible solutions to addressing the complex issues raised include -**

- ❖ Establish a resourced infrastructure and implementation plan to manage national and regional coordination of this workforce,
- ❖ Develop and roll out a generic set of competencies through NZQA and approved by Te Whiringa,
- ❖ Provide a coordinated training plan delivered by respected Māori community health workers,
- ❖ Ensure these developments are monitored, assessed and evaluated regularly by Māori.
- ❖ A scope of practice should be defined and the workforce becomes a professional body.

### **Māori Models of 'Whanau Ora' Practice**

The following statements describe a variety of approaches and some support services offered by Māori organisations that support the development of 'whanau ora'.

The Māori PHO Coalition (Te Puna)

- ❖ Whanaungatanga is the basis of our constitution and the pathway towards Whānau Ora.

- ❖ Harakeke IMAP Model (Individual Management Action Plan) provides the foundation for the development and support for whanau. Whanau are supported by up to 10 MCHW's including a Social Worker who provides multiple support mechanisms to individuals, whanau and staff.
- ❖ The community health worker holds prime position. The Board and the organisation as a whole sit below and support them.
- ❖ We aligning our services with the needs of whanau, this is the better, sooner, more convenient model.
- ❖ Workforce development needs to focus on the Māori community health workforce.
- ❖ Te Puna is developing competencies for Māori community specialists i.e. Navigators and Practitioners
- ❖ Government strategies align with the strategies Te Puna PHO has been delivering for some years.
- ❖ IT tools have been developed to map whanau progress and will be shared with other providers.

### **The Whanau o Waipareira approach to 'Whanau Ora'**

- ❖ The Whanau o Waipareira Model is about self-determination, understanding the needs of the community and responding effectively to those needs. All Waipareira workers are whanau ora workers and practitioners. How this perception interprets into pay parity is not quite so simplistic.

### **Tipu Ora approach**

- ❖ Tipu Ora – Working alongside NZQA to provide credible training as an accredited provider.
- ❖ The tutors they employ are well respected.
- ❖ They have been operating successfully in this training for well over a decade.

### **Te Rau Matatini approach**

- ❖ Te Rau Matatini – Development of Te Pataka Uara Model. (Māori Public Health workforce development). Identify the workforce; build career pathways by

developing public health competencies. Add competencies to the education framework. Ensure access to regional and competent training providers. Provide mentoring from Maori public health leadership groups.

### **New Zealand Qualification Authority (Māori division)**

The NZQA Māori representative provided information about access to training resources and career pathways for learners through accreditation. This idea is being further developed with some of the abovementioned providers.

- ❖ NZQA standards have Hauora and Tikanga standards on the framework and can be accessed and implemented by any accredited organisation. Access to government scholarships and education funding requires providers to be accredited. Māori undertake assessment and moderation and the standards are overseen by the Māori Advisory roopu – Whakaruruhau.

### **Te Wananga o Aotearoa**

The Wananga asked to be included in the planning process for training the Māori health workforce.

- ❖ The Wananga will tailor programmes to suit the training needs of Māori community health workers
- ❖ The Wananga have locations throughout Aotearoa making their services more accessible.
- ❖ They utilise a wide range of IT tools in their teaching.
- ❖ Their tutors confidently employ Māori pedagogies.

## Conclusion

“Community health workers form an integral part of the New Zealand workforce acting as the interface between the health sector and whānau in our communities. By working in a culturally distinctive way they help to give effect to Maori health development aspirations. Increasingly this work is carried out in complex and demanding environments. A greater recognition of the unique role they play in the delivery of public and primary health care services is necessary and should be linked to appropriate remuneration and assurance of their ongoing role in the development of whanau ora” (AF Boulton, HH Gifford, M Potaka-Osbourne, 2009).