Submission to the Minister of Health and Review Panel on the New Zealand Health and Disability System Review

NGĀ POU MANA

TANGATA WHENUA ALLIED HEALTH

A call for improved engagement, recruitment and support with Māori communities to promote the uptake into Māori allied health, scientific, technical and hauora Māori workforces.

SUBMITTED BY NGĀ POU MANA TANGATA WHENUA ALLIED HEALTH

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INTRODUCTION

Ngā Pou Mana is the only established membership-based, national tangata whenua allied health workforce organisation in Aotearoa New Zealand. Ngā Pou Mana are the lead advisors to government on Māori issues that involve the allied health workforce and services. Ngā Pou Mana are the largest and primary conduit to the Māori allied health workforce and provide unique support, training, networks and advice to the sector from a tangata whenua perspective.

The organisation is an umbrella to the various allied health groups that include established and emerging workforces. We define allied health from a tangata whenua perspective as:

> *"The broad range of therapies, rongoā, scientific and technical workforce, researchers, teachers and students - regulated, self-regulated, non-regulated, legislated and emerging workforces, and those that have a mātauranga Māori or kaupapa Māori foundational approach to hauora"* (Ngā Pou Mana, 2019).

With our members, we share our resources and expertise through wānanga, collaboration and stakeholder relationships; we are committed to providing opportunities for our members to connect, learn and grow.

Ngā Pou Mana provides opportunities for the Māori allied health workforce to come together and discuss workplace challenges, share knowledge and to further develop mātauranga Māori in combination with clinical practice. Through strategic engagement and relationships, Ngā Pou Mana advocates for health equity through the elimination of disparities and supports addressing systemic and institutional racism often experienced by Māori (and others) in the health sector.

The New Zealand Health and Disability System Review (MoH, 2018) acknowledges that ethnic diversity is an ongoing issue for the New Zealand health workforce, with Māori practitioners being significantly under-represented in the allied health workforce. Ngā Pou Mana recognises the urgent need for promoting and supporting recruitment of, and sustained careers of Māori in allied health, scientific and technical disciplines.

We argue for the urgent need to include the development and use of mātauranga Māori and Te Ao Māori to find innovative and unique ways to support and transform health and wellbeing of Māori.

> *"To the claimants, then, tino rangatiratanga provides for a truly holistic definition of hauora Māori, which encompasses the Māori structures and models which provide for hauora, and the people that those structures and models are for" (Hauora, 2019, p. 158).*

> *"We consider that tino rangatiratanga over hauora Māori should be an intrinsic facet of a [Tiriti]-compliant primary health system. Māori-led primary health organisations and providers must have the capacity, and space, to exert their tino rangatiratanga in the primary health care system" (Hauora, 2019, p. 158).*

Currently, the health system is not achieving its goal of delivering strong, effective, equitable health outcomes for all New Zealanders (MoH, 2018, Hauora, 2019). As Māori allied health representatives, we are aware of the importance of a health workforce that reflects the population and we understand that this requirement is not currently being met. We argue that achieving Māori allied health workforce parity to population will have a profound impact on the Ministry of Health's goal of achieving health equity for Māori if the workforce disparities are urgently addressed. We also propose that the Ministry should aim to increase the Māori workforce beyond parity as Māori are disproportionately unwell in comparison to the general population (Hauora, 2019).

We argue that the current Treaty based relationships that we experience are often highly tokenistic and there is no accountability for mainstream and/or crown organisations to partner or collaborate with us. Even when we do create strategic partnerships, there is often no sharing of any real decision making power or resources to implement transformative change.

> *Dr Rawiri Jansen - "If you allow people to develop their own ideas but not strengthen them, repoint them in the right direction and strongly monitor them it won't succeed, you'll get increasing disparity" (Hauora, 2019, p. 137).*

PART 1: THE CURRENT STATE OF THE MĀORI ALLIED HEALTH WORKFORCE

Te Rau Matatini attempted to profile the Māori health workforce by collating data from multiple agencies throughout New Zealand (Sewell, 2017). Their findings, while valuable, identified limitations in developing a complete picture of the Māori health workforce as data sets across all workforces (regulated and non-unregulated) are not always collected accurately, reliably or in a timely manner across District Health Boards (DHB), Primary Health Organisations (PHO), Non-Governmental Organisations (NGO) and other Māori organisations. This is important work as we can use technological advances with data analytics to predict and therefore address health workforce shortages in the future (Jo, Mathis & Goh, 2018). It is therefore timely that more effective and accurate collation of data be initiated in order to develop an informed approach in addressing the workforce disparities.

Key findings were:

- Māori currently account for 15% (723,500) of the New Zealand population.
- Māori account for 12% (331,700) of total labour force.
- Māori account for 8.5% (13,589) of the total health workforce, with 66% (8,997) of the Māori workforce working in the NGO sector.
- The majority of Māori are in the unregulated health workforce (71%; 9,696).
- Māori make up just 3% of the total regulated health workforce. This is significant when the regulated workforce in general account for 60% of the total health workforce.
- Māori account for 4.7% (536) of allied health and scientific in DHB workforce.
- Currently, 6.6% (4,592) of the DHB workforce are Māori.

Sewell (2017) described several limitations and due to inconsistencies with the data collection, advised the information should only be used as a guide.
These included:

- Availability and access
- Accuracy
- Reliability and timeliness of data

The Central Technical Advisory Services (Central TAS), also collate information on DHB employees, providing quarterly snapshots of the demographics of their workforce (Central TAS, 2018). These findings for 2018 aligned with the report by Sewell, (2017) with Māori represented in the DHBs at 7.4% (Increase of 0.8%) Māori allied health, technical and scientific workforce at 5.7% (Increase of 1%) (Central TAS, 2018).

Theodore et al. (2017) reported that many factors influence Māori entering and completing tertiary education. One finding consistent throughout the research was the influence of whānau and the impact of responsibilities on Māori students, such as whānau commitments and obligations, and financial support (Curtis, Wikaire, Stoke & Reid, 2012; Theodore et al., 2017).

Theodore et al. (2015) reported the findings of the Graduate Longitudinal Study New Zealand (GLSNZ) identifying 764 (8.8%) of the 8719 participants as being Māori. Of those, 48% were reported as being the first in their whānau to study at University and of those only 10.9% are studying in the Health Sciences. The GLSNZ highlighted females were likely to study in Health Sciences, identifying Māori males are less likely to attain both tertiary and secondary qualifications, putting emphasis on increased support and educational intervention at an earlier age (Theodore et al. 2015). This indicates a need to be strategic in a co-design process to allow for forward thinking, innovative and creative design of health science tertiary programmes that will attract Māori, and in particular Māori males to the health workforce.

What is clear from the data, is Māori are poorly reflected in the health workforce and more needs to be done to recruit, awhi and tautoko Māori at all levels of health career education and professional development (Curtis, Wikaire, Stokes & Reid, 2012). Having a strong and healthy Māori health workforce is crucial in reducing health inequities in indigenous populations and communities (Curtis, Wikaire, Stokes & Reid, 2012; Sewell, 2017).

Addressing the challenges to be faced in developing the Māori health workforce are not new. We are aware that Māori only make up 1-5% of the allied health workforce for the majority of the kaimahi that are represented - and when we meet and wānanga with our members, they often report feeling isolated, unsupported, undervalued and

fearful when challenged by institutional racism, discrimination and a lack of cultural safety (Ngā Pou Mana He Kitenga Rautaki, Strategic Plan 2019-2024, 2019).

Māori often lack advocates in decision making positions of power and this is reflected in the uneven distribution of resources that are crucial for developing and delivering health systems and services that will address health inequities (Carlson, Moewaka Barnes, McCreanor, 2019).

Ngā Pou Mana believe that by growing the Māori allied health workforce and providing opportunities to foster and increase Māori leadership capacity and capability – we can provide a significant contribution to hauora Māori (Ngā Pou Mana He Kitenga Rautaki, Strategic Plan 2019-2024, 2019).

PART 2: SUGGESTIONS ON MAKING IMPROVEMENTS

Studies in the area of health over the past decade have identified the importance of encouraging more Māori into health career pathways, ensuring ongoing support throughout their studies, providing opportunities to attain work, and when in the workforce advocating for ongoing professional development (Curtis, Wikaire, Stokes & Reid, 2012; MOH, 2006). Addressing Māori workforce recruitment, development, training and retention will provide intentional and strategic support mechanisms that will be touch points along the health careers continuum. These will help to address inequities in the Māori health workforce and contribute to the improvement of Māori health outcomes and health equity in this space (Durie, 2003). In order for this to occur, there needs to be a cross sector, interdisciplinary approach to facilitate and implement a strategy targeted at Māori, encouraging them to venture towards a regulated health career (Curtis, Wikaire, Stoke & Reid, 2012; Cram, 2010).

Te Kāhui Amokura (2018) provide useful considerations in developing initiatives for Māori, based on programmes that have evidence of success. Although these concepts are reflective of the needs in the education sector, lessons can be taken from these considerations in outlining strategies towards the wider population and workforce context. The key points suggested for successful initiatives were:

- Development and use of kaupapa Māori frameworks;
- Creation of environments that foster whakawhanaungatanga (relationships and sense of belonging) to support student involvement;
- Engagement with student whānau and communities to help build understanding around the education space and academic requirements;
- Provision of culturally appropriate academic and learning support;
- Provision of culturally competent staff – both Māori and non-Māori;
- Provision of culturally safe learning environments;
- Creation of opportunities to build Māori leadership and a commitment to raising Māori achievement;
- Development of accurate data collection, tracking and evaluation; and
- Building opportunities for the student to have a voice and participate in the evaluation process (Te Kāhui Amokura, 2018).

Examples of initiatives for Māori student development are evidenced in the success of the Pūhoro STEM (science, technology, engineering, mathematics) Academy, and the University of Otago–Māori Health Workforce Development Unit (MHWDU). Pūhoro is a collaborative approach between the community, industry stakeholders and whānau as they support secondary school students through the STEM programme (Te Kāhui Amokura, 2018). Pūhoro has seen significant success rates (Image 1) with Pūhoro students not only closing the gap between Māori and non-Māori achievement rates, but exceeding the national pass rates for the core science, physics, chemistry and biology external achievement standards altogether. (Te Kāhui Amokura, 2018).

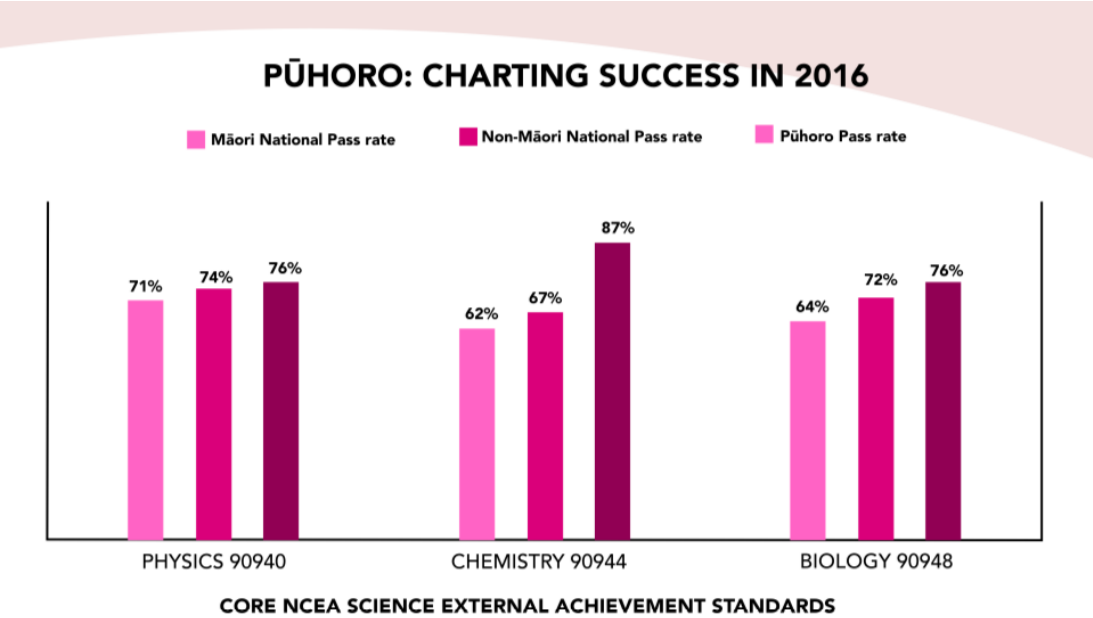

Image 1: Pūhoro STEM Academy Annual Report, 2018

MHWDU was developed through collaborative process with the University of Otago and the Ministry of Health and Tertiary Education Commission. The unit is underpinned by Māori values and guided by a kaupapa Māori foundational approach. The priority aim for this unit is a workforce that represents the population within a context of cultural responsiveness, accountable management and continuous quality improvement (Theodore et al., 2017). The MHWDU acknowledged the success of collaborative practice and approaches (Te Kāhui Amokura, 2018). Notably, both programmes held great emphasis on the values of collaboration and sharing, and cultural values of whakawhanaungatanga, awhi and tautoko as they supported their students through their studies (Te Kāhui Amokura, 2018). It Is these values that are

crucial in developing and maintaining the Māori health workforce (Durie, 2003; Theodore et al. 2017, Te Kāhui Amokura, 2018).

While we are seeing some emphasis placed on attracting Māori high school students and the younger generation into health careers with great impact, Ngā Pou Mana see little evidence of much being done for those allied health students once they have graduated and have entered the workforce to provide ongoing wraparound support to stay engaged in health careers - therefore retention is an ongoing issue once Māori allied health enter the workforce.

It is evident that collaboration with multiple services and sectors is needed in addressing the complex issue of equity and equality within the Māori health workforce and population (Durie, 2003; Cram, 2010). The aforementioned research has shown promise in the education sector following initiatives and strategies that have worked while following kaupapa Māori frameworks and principles, and through this, have seen marked results in student outcomes (Te Kāhui Amokura, 2018).

There is still opportunity to provide ongoing support and education to those who may not be presented in these spaces or who feel tertiary training is not the right fit for them. Although there are low figures of Māori working in allied health or other regulated roles, over 9,000 Māori (71% Māori health workforce) are working in unregulated health care roles (Sewell, 2017). Given this is the case, how can the health workforce leverage off this data to create opportunities to develop this unregulated workforce?

PART 3: MEMBERSHIP CONTRIBUTION TO SUBMISSION

Ngā Pou Mana have over 700 members spanning Aotearoa and Australia, and we asked them to contribute to the submission. 55 members responded to our survey. Here is a collation of what they had to say:

Barriers in the workplace and/or study

"Very few Māori in my profession (occupational therapy). Most models used in most places are very Western and often do not fit well for staff or tangata whaiora. Our APC costs and association costs are excessive compared to RNs for example. This means I miss out on things like conferences and other gatherings. Lack of understanding from public and even other health professionals as to what OTs do. We are under-utilised as a profession."

"Following western (European) models of health & education that are not focused on our unique Aotearoa population specifically to Māori. Not enough kaiako who are Māori, not enough promotion of allied health work to Māori".

"Isolation as I'm the only Māori health practitioner, requests to represent Māori views, field questions about all things Māori and generally be the go to for all things Māori is not reasonable and becomes pretty heavy".

"Access to Māori scholarships. Usually given to nurses, doctors. Other health positions ignored ie sciences and allied health"

"Not enough staff in Māori Health positions - very hard to get support for Māori patients/whānau when it's needed. Minimal input in culturally developing and supporting non-Māori staff"

"Most processes, tools, models and approaches are based on Western constructions and do not honour the Te Ao Māori kawa and tikanga, or mātauranga Māori. We also have intense systemic racism and prejudice in our country. People do not understand how Te Tiriti o Waitangi and the resulting colonisation has impacted historically and intergenerationally on our people. We need to heal from our mamae carried through our whakapapa in order to then engage with society in resilient ways (i.e healing is a journey not a destination), and we need our own ways."

"Being the life jacket (being Māori descent) for our complex, high needs Māori Whānau. When non-Māori do not have culture awareness and the assessment becomes unmanageable".

"Have had some difficulties in this team about other practitioners not demonstrating cultural competence to work with Māori and resenting Tikanga Māori processes being utilised in team meetings (e.g., use of karakia). My direct managers have been very much advocating for cultural competency with Māori which is great. However, the person who is the professional lead for my discipline at the DHB has been frankly

uninterested in addressing the issue or hearing my opinion about how we can attract more Māori to work here or prepare for Māori students. I am the only Māori clinician in my particular discipline working in this DHB so the situation feels very isolative and bleak for any future practitioners or students. I am also asked to see many more Māori clients which is not sustainable".

"Lack of culturally responsiveness appropriateness with client base and colleagues… Institutionalised racism & implicit bias… Lack of accountability to make a difference for Māori health outcomes… Often non-Māori deciding when or if Māori services should be involved.. Inequity plans can say the right thing but there is often no action behind them".

What would help Māori to upskill and further their qualifications?

"Easier access to mentorship from Māori in the same profession for supervision and guidance etc... ".

"Child care, permission to work part-time while studying, flexible working hours".

"TIME and resource and an appreciation from the powers that be about Māori ways of doing things. So actually a change in training at universities and then a change in who and how management works".

"Greater number of culturally aware teaching staff".

"Time allocated during work hours to attend relevant tertiary/university studies".

"Being recognised for their existing skills and having the choice of where the upskilling and qualification comes from without being marginalised. Support by way of letting Māori choose their pathways and learning experiences whether it be western or indigenous frameworks".

"More scholarships, mentoring and career development support. Also would be great to have access to on-going independent supervision through clinical programmes. Also advocacy for students when going up against racism within institutions - this shit is tiring".

"Signalling/sign posting of Foundation/Bridging programmes if they need this to be a gateway to get into a degree programme. Have structured career support once employed and through their health journey.. (It could be this is focussed on the 1st five years more intensely to help them on their career projection). Post-graduate opportunities. Sign-posting/marketing also of jobs that do not need previous qualifications that would get them into health careers and that they could then train further if want to progress (i.e. can train on job for Sterile Technicians, Anaesthetic Technicians, New Born Hearing Screeners, Assistant/Kaiawhina roles etc)".

“Less discrimination in regard to vetting”.

“More acceptance of kaupapa Māori training”.

“A safe space to be yourself. Mentoring. More Māori lecturers. More hands on, wānanga based learning”.

“Availability and access to appropriate and equitable funding, resources and support - to upskill and further qualifications. Support, acknowledgement and acceptance to attend Māori institutes ie Te Awanuiarangi”.

What type of support do kaimahi māori need in order to continue to work in hauora?

“More kaimahi Māori and more kaupapa Māori services that they can work in so we don't have to be in a racist system fighting against it all the time”.

“Mentoring is key. Time allocated to meet up with other kaimahi Māori, during work hours, to enable the culturally appropriate support to be given”.

“Fair and equitable pay… Regular cultural supervision… Flexible practice- recognizing that mainstream practice does not work for whānau and/or practitioners”.

“Proper supervision. Not online supervision. Provide external supervision views is healthier and objective rather than subjective”.

“We need to be well so we can help our clients. We can’t give from an empty tank. So more support on how we can maintain our mauri. Also racism is taxing and degrading so lots of micro aggression's going on in very hierarchical environments”.

“Safe spaces to debrief and training in how to deal with racism”.

“Better access to Healthcare for workers… Good work life balance with cultural responsive employers”.

What support is needed for Māori health students to finish their studies?

“Money. Unfortunately I need $2500 a year on top of my income to get through this degree for extra costs of placement, petrol, parking and childcare. That's not including anything that will benefit my health like healthy food etc…. One person to go to that is actively interested in your care that will support and help you with any concerns such as whānau support, scholarship application, supporting taking time off etc. SUPPORT we have none and its sad as I have considered leaving this degree only due to lack of support”.

“Mentoring and Tutors and Lecturers who acknowledge Te Ao Māori”.

“More money, more resources, more support specifically for Māori, access to Māori mentors and specialists, whānau inclusion, the ability to go home if needed, and acknowledgement that as Māori we have added expectations and responsibilities to ourselves, our whānau, our hapū, our iwi and our communities. Kaupapa Māori Frameworks and Māori being encouraged to develop their own frameworks and practice them”.

“I don't subscribe to the western studies as it takes too much work to either translate from English definitions (that are limited) to Māori concepts that have depth and meaning. A significant amount of upskilling by pākeha is required, and a commitment to giving space and giving up power is also required, otherwise we are ticking other people’s boxes”.

“More collective relationships with health providers to ensure Māori employment. Opportunities to learn the mahi through strategies that support Māori learning preferences”.

“Would be great if ability to work part-time in roles like health care assistants / support worker roles while they study (to help with income). If mentoring is needed - could we connect them more with trained health professionals in their field of practice. Clinical placements. Ability to study locally and flexible training options”.

“Paying our fees could be like a bonding system where an organisation pays for fees and offers us a job then we work for them for 2-3 years - only if not racist though”.

“Possibly in their final year a mentor who can support their transition into the workplace. While studying, have access to good mental health support, to be part of a group if they're living away from whānau. Pōwhiri so students can start to build whanaungatanga with others and with the land/where they're living so they don't feel like manuhiri : I see this can be a barrier for those who have travelled to study and not feeling that they have a place to belong”.

“Coaching, mentorship and cultural supervision. I think in many cases Māori students may feel they need to put away their cultural world view and take on the view of the dominant culture to pass their assessments which are often monocultural”.

“Lower fees… Access to quality affordable childcare… Kaupapa Māori environments”.

“Mentoring/Internships.. bringing our students to wānanga - similar to what Te Rau Puawai (Massey) do for their students - 2 x year, students meet, keynote speakers/presentations and opportunity to address any issues occur at these hui”.

“An environment that supports Māori health students to succeed. An environment that upholds Māori cultural values and beliefs. Tuakana-teina relationships with other students, adult mentors, kaiako with relevant and appropriate teaching skillset, relevant placements that support Māori health students to succeed and financial support where and when needed”.

“A total overhaul of the way health courses are structured so that they put kaupapa Māori services in the centre (or even in the mixer) and so knowledge paradigms and realities are valued if they are different to Westernised ways”.

What will attract Māori to health jobs/careers?

“More active promotion in schools”.

“Holistic professions which align more with Māori. The promise of a better life for themselves and whānau. The promise of securing a salary and helping others, particularly giving back to Māori health”.

“Clear pathways, good remuneration, work satisfaction, valued and appreciated”.

“Ability to live as Māori. Ability to have an actual impact on hauora for our people - Hauora as opposed to Health. Currently in primary health care, the priorities are miniscule and do not impact whānau hauora... they are government priorities. All Māori health jobs/careers should actually be working on kaupapa Māori approaches. I will be looking into Rongoā in the primary health care space. Having tuakana in the organisation that are connected throughout the recruitment and induction phase would be good. Organisations that have Maori strategies”.

“Role models, increased presence of Māori in healthcare”.

“See that we can work with our people, be well resourced in our roles and can effectively practice a whānau ora approach so we don't go in and have all these barriers to our mahi and red tape. Making sure the pathways are clear, mentored into roles and we can see that we can progress and work our way up. Making mahi fun and enjoyable where we can be ourselves bring our whānau along on the journey and still be able to meet our responsibilities as a whānau, hapū iwi member. Like bring our babies to work sometimes or getting time off to attend kohanga, kura iwi hui, events and not have to use annual or sick leave. Make sure we even know what health jobs are out there, what are they? maybe could make it sound more advertising. also recruitment who is recruiting, who is getting people to interviews, who are the interview people - are they Māori??? what if I suck at interviews but I’m a great worker the standard interview processes sucks”.

“Seeing how they can have a positive influence on Māori health. Seeing that this is more than a call for "equitable service", but that actually, we NEED kaimahi Māori - we WANT people with an understanding or desire to learn about te ao Māori and te reo Māori”.

“Visibility! More Māori employed by DHBs, more Māori in senior positions, more Māori speaking to rangatahi about their career options within healthcare, travel around schools maybe? I believe the only way to get more of us “on the inside” is to show that we’re already here.. that it’s possible to have a meaningful career without spending years and years in a classroom staring at a whiteboard”.

“Flexibility around tangi leave... health insurance... Wellness days extra to sick days. A salary that reflects their living situation”.

“Money and a work life balance as most of us have big family responsibilities”.

What helps Māori health staff stay in their jobs?

“Knowing that we are able to see and help our people and do provide a good service. Also being able to work with and be supported by other Maori staff”.

“The love of the mahi and their ability to make a difference for whānau Māori”.

“Not being inappropriately mis-used to train other staff and colleagues in cultural competency. Being treated respectfully and in a mana-enhancing way”.

“a sense of whanaungatanga and support to be Māori in those roles, without feeling a need to assimilate into another culture”.

“Great leadership and support. Training opportunities”.

“Acceptance by non-Māori colleagues that our whānau do not enjoy the same level of health as non-Māori; especially tangihanga where birth does not reflect closeness of whānau”.

“Better pay. Better access to mentoring.”.

“Supportive environment. Cultural competencies . Reduction of institutional racism”.

Initiatives that will help with the uptake and retention of Māori students in health study pathways?

These are the top 5 recommended by the membership that were part of the survey:

1. Culturally responsive staff – both Māori and non-Māori
2. Culturally safe learning environments
3. Tuakana/Teina mentoring
4. Foster whakawhanaungatanga
5. Build Māori leadership and commitment to raising Māori achievement

If you could speak to Ministry of Health bosses about Māori in the health workforce - what would you say?

“We are struggling with identity, especially outside of social work and nursing which have bicultural programme options. Our numbers are far too low to be properly meeting Tiriti obligations to Māori”.

“Stop appropriating the use of Te Reo or Tikanga Māori when you don't understand it. Direct funds equitably which ultimately should be with Maori by and for”.

"More Māori leaders, more Māori kaimahi, more Māori ways of learning in our Universities".

“Māori need to be acknowledged. When Māori make up the highest numbers of high health user's; then it is more than often that Māori Clinician's become the frontline staff for Māori user's. In my line of mahi re: Mental Health when you look at the Case Management of Māori Clinician's they have the most complex's case load's and most on their case load are our complex Tangata whai ora's and their whanau”.

“I would say that many Māori in the health workforce are unfairly penalised by poor pay-rates, compared to Non- Māori . That if MOH bosses were serious about upholding the articles of Te Tiriti o Waitangi: Protection, Participation and Partnership then more needs to be done in this regard”.

“Institutional racism is rife. In terms of DHBs, Māori Health execs should be independent of the DHB model and the DHB CEO and board so they can openly report feedback and Māori issues without fear of losing their job or being judged. Māori staff will feel safer to report racism and discrimination this way...having an anonymous online feedback app to independent Māori leaders/iwi/MOH Māori Health ministers to gather data, see trends across DHBs and action those outcomes”.

“We are here because we want to improve health outcomes for our whānau and for our future generations. The effects of colonisation on Māori health are well known, and health inequity for Māori is high. Help us make changes when we see opportunity, allow us to connect with others to continue our professional development and become reenergised for the work we do, and support us to offer services in te reo Māori”.

“For AHST professions there is currently a very small and limited pipeline. Therefore there is need to focus marketing/promotion on the AHST careers -as these roles can make a big difference in the keeping our communities and people healthy (i.e. Dietitians, Physiotherapists, Social Workers, etc..) To do this there also needs to be support for trainee positions and national approaches that will provide roles for Māori to step into. Also need to do significant marketing with schools and careers advisors - as many of these influencing roles don't know about AHST careers”.

“Hand over control and the putea to Iwi Māori”.

“I can only speak from my own experiences. In the ambulance sector there is no Māori specific training for staff. No adherence to Treaty obligations, and no accountability for this. Within the organisations there is no Māori specific support offered. In study, there is a lot of kaupapa Māori learning, however there is almost none within the ambulance sector. This disparity, being the first step in the chain of health contact for many whānau is unacceptable”.

“Change the focus. All of our ministries are based on deficit-based, risk adverse processes that denies creativity, collaboration and connectivity, and instead sets up an environment where providers compete with themselves to get the funding. The end user, the people, who are accessing support in the health system should define what good health care looks like. This is the process of kawa, whakaruruhau and cultural safety. What if the Ministry of Health was required to have the equivalent percentage

of Māori staff as per the Māori patients or clients in their data. If Māori is going to be represented we need to be at the table, and not as an advisory function but people with power to make actual decisions that impact the sector and our people. Whānau Ora - what is happening here? Incorporate it into all aspects of health".

"We have plenty of Māori staff working in complete isolation who are very effective at what they do but may not hold a degree qualification so don't feel like they have a voice a career pathway needs to look at why people don't go onto further study and formulate a system of change similar to apprenticeship model learn as you go".

"Equity is about fairness of distribution. Can you fairly say that there has been equitable distribution of Vote Health funding to our Māori Services and kaimahi? FTE rates in contract are unfairly distributed historically and remain so therefore the cascading effect is that kaimahi Māori struggle to 'maintain' in a deficit funding culture and environment. So the best change is equitable treatment of Māori health workforce within service contracts".

"look at the retention and the reasons people leave study, from what I see it is not due to academic - it is because Māori people see whānau as just as important as their own family in their four walls, I have found a sickness of a child a tangi or anything that pulls you back affects everything in your learning this needs to be addressed as there is no one supporting these issues, many just leave, drop out or walk away wanting to return however many don't. The lack of support is real and they have a token worker that you never meet and covers to many courses - so it's actually not working effectively. I think we need a support person per course that need to take an interest and time with you and support you through that. I'm studying to be a midwife and I have so many barriers I have to overcome before even considering the work load. I also believe we need better childcare options. NZ has no Oscar subsidy for shift workers 24/7, however I have to be available for 24/7 shifts. How would I resolve the childcare issue? all in-home care centres should have the choice to provide 24/7 care in their homes".

PART 4: IMPLEMENTING CHANGE

Questions to consider

How do we move this workforce from the unregulated end of the continuum to the regulated end?

Ngā Pou Mana believe that further support and resources should be aimed at providing scholarships, grants and free education to upskill the unregulated Māori allied health workforce. There is also an opportunity to create easier access and pathways to culturally appropriate health science bridging courses or other NZQA courses that allow Māori to engage in opportunities that they would not have previously considered. This also means considering Māori learning environments for these bridging courses, like Te Whare Wānanga o Awanuiārangi and Te Wānanga o Aotearoa as some Māori may feel more comfortable - and may achieve better results learning in a kaupapa Māori environment. Alternatively, mainstream universities should offer pathways with a kaupapa māori foundational approach. Ngā Pou Mana encourage apprenticeships or learning while training option which is a pathway to offer Māori who currently work in unregulated health workforces.

What are the barriers to this workforce being upskilled?

Continued push back and institutionalised racism from professional bodies, institutes and individuals that put academic achievement and therefore elitism as the top priority for entry into their study programmes. These criterion should be challenged by government and ministerial officials to ensure that we allow for changes that will enable Māori to enter into these study pathways, on the basis that when we have a workforce that are representative of the population - patients have better outcomes. An example of this working in practice, is the pathway to entering study for Medicine that has changed significantly, whereby a percentage of positions on all courses have been reserved for Māori students. The result being that Māori graduating from Medicine now graduate at the same rate of the population. This example should be adopted by other health related study courses where there is a need to increase Māori participation (Medical Council of New Zealand, 2017).

> *"Institutional racism manifests as the outcomes of mono-cultural institutions which simply ignore and freeze out the cultures of those who do not belong to*

> *the majority. National structures are evolved which are rooted in the values, systems and viewpoints of one culture only. Participation by minorities is conditional on their subjugating their own values and systems to those of 'the system' of the power culture" (Ministerial Advisory Committee, 1988, p. 19).*

What can be done to address the inequities that the Māori health workforce face?

Organisations like Ngā Pou Mana need to be provided with more resources and support to ensure we can provide better wrap around support for the Māori allied health workforce. Ngā Pou Mana face the impracticable challenge of being run by a voluntary board; all of the executive committee have full-time jobs, whānau and other voluntary commitments outside of this work. As a result, the kaupapa of Ngā Pou Mana is yet to be anywhere near its potential, and this under-resourcing continues to marginalise and reduce our ability to have a voice as a Māori representative allied health body. Ngā Pou Mana need to be provided with long-term funding and support to ensure we can become successful and sustainable. Wrap-around support to ensure success will also help to address the issue of equity that we face as an emerging, voluntarily run Māori organisation.

While mainstream or non-Māori associations and boards have better access to funds and have very well established systems to receive these funds from membership fees and health practitioner registration fees, Ngā Pou Mana do not have equity of access to this funding and have not had much support from mainstream organisations in recognising Ngā Pou Mana as a treaty relationship partner that can support the delivery of bicultural services and support that are often not available in mainstream spaces and organisations. We believe our organisation is best placed to deliver cultural and kaupapa māori services and training to the workforce, and advocacy and advice to the sector for issues around Māori health and wellbeing. Moreover, Ngā Pou Mana continue to meet financial barriers which impact on long term sustainability. What regulations and policies can be put in place to make these mainstream and Crown bodies more accountable to delivering on their Treaty obligations? Or if they won't support our survival, surely the Ministry of Health needs to be more accountable on this front? Ngā Pou Mana are about transformational change, supporting a change towards culturally safe and responsive training and working environments for Māori.

Ngā Pou Mana is the type of organisation that the Ministry of Health should be supporting and prioritising, as we can add real meaning and value to the priority area of addressing equity for Māori.

It is important for the health and disability sector to realise the significant contributions that kaupapa Māori, Iwi, hapū, and Whānau Ora organisations make to the health sector. There is opportunity to invest resources into "by Māori for Māori" organisations that are doing great work out in the communities already. As aforementioned, collaboration and partnerships can be effectively successful for all involved - MoH, DHBs, PHOs, education institutes, associations, registration boards and tertiary institutes need to partner with non-profit Māori organisations to help support better health outcomes for Māori – this will assist in reducing inequities currently experienced in the health sector.

Is there another way to support the unregulated workforce and encourage them to consider moving towards the regulated end of the continuum?

Promotion is important, however, it comes second to transforming the health system to provide safe and accountable practice for Māori so we are not sending Māori into unsafe environments. There is plenty of anecdotal kōrero from those working in environments where they are Māori and the minority reporting they do not feel supported or culturally safe.

Māori need to feel like they can see themselves when they look at regulated health professionals. It is important that marketing and promotion of health careers is done by, for and with Māori on many different media platforms and kanohi ki te kanohi. Efforts should be made to promote these careers in "Māori environments and spaces" including at events like:

- Iron Māori
- Koroneihana
- Matatini and school aged kapahaka nationals
- Waka Ama
- Ki O Rahi

- Touch, rugby and seven's events
- Māori tertiary and wānanga spaces
- Kohanga reo, wharekura and whare wānanga

More importantly though, is the wrap-around support and mentoring system that needs to be established once they enter into study and the workforce to ensure they are best supported all the way to graduation and beyond.

Is there another option to upskilling the unregulated workforce that does not involve regulation?

It is important to understand that there are many kaimahi Māori who are using Mātauranga Māori, kaupapa Māori approaches and Whānau Ora as a way to contribute to improving health and wellbeing with some amazing results. It is therefore important that we do not assume that being a regulated kaimahi is "of more value" or that regulated workforces "do a better job" than non-regulated workforces. Each person makes a valuable contribution, depending on the needs of the person or whānau.

Whānau Ora for instance are using models like "collective impact" which recognises that individual organisations/sectors cannot solve the complex health and social problems of our society. It concludes when we work collectively and combine resources – leveraging off each other's strengths, we can achieve great results/outcomes for people, using Whānau Ora as a model or approach to service delivery (whānau centred, strength based and whānau led). Consequently, we cannot assume that a regulated workforce alone will be of more value. There is a large degree of transformation to the systems and structures that will need to occur to get the best out of all those who work in the health sector.

However, having a stronger Māori presence in these regulated workforces where we do not see many Māori faces will help to change and/or question the cultural worldviews and practices being implemented by each regulated workforce which helps to bring about change and understanding.

> "*A 'one size fits all' model tends in practice to suit the needs of the majority, who are rarely the group in most need of help. Even when they can access mainstream aid and services, minority groups such as Māori have often found that what is being provided simply does not work for them or is so alienating that they prefer to disengage" (Hauora, 2019, p. 32).*

Ngā Pou Mana believe that the following models will make a huge shift in Māori health and wellbeing. This does not actually involve regulation, but a shift in attitudes, behaviours and cultural understanding:

- By Māori for Māori
- Whānau Ora
- Kaupapa Māori approaches
- Treaty based practice and relationships
- Mātauranga Māori
- Holistic care
- Preventative approaches
- Rongoā Māori
- Culturally relevant care and services
- Co-design
- Collective Impact
- Whānau centred and whānau led

Ngā Pou Mana is a kaupapa Māori led organisation who follow the values and principles of tika, aroha and pono. These values form the framework that guide the way Ngā Pou Mana engages with their stakeholders, members and community. The strategic direction of Ngā Pou Mana is to advocate for support and development of the Māori allied health workforce.

Through the development of strategic partnerships, Ngā Pou Mana acknowledge the importance of collective and multisectoral collaboration. In order to influence transformative change, Ngā Pou Mana engage with, and develop strategic partnerships throughout NZ with influential bodies and/or organisations. At this time Ngā Pou Mana has formed relationships with Pharmac, The Allied Health Association of New Zealand (AHANZ), MoH - Māori Provider Development Scheme (MPDS),

Tumu Whakarae, Directorates of Allied Health and Kia Ora Hauora. By developing strategic partnerships such as these, Ngā Pou are able to advocate for, and address the concerns of the Māori allied health workforce at a governance and leadership level, however this could be much stronger with better support and resourcing.

The organisation works to provide opportunities for cultural development, engagement and wānanga to support the Māori allied health workforce to be agents of transformative change. Efforts are made to provide wānanga in the regions, so as to offer opportunities for those who may not have the ability to engage in other professional development opportunities. These wānanga are guided by the principles of tika, aroha and pono, and provide opportunities for whananungatanga, a chance to share workplace experiences and develop skills, knowledge and understanding to support clinical practice.

In the past year, Ngā Pou Mana, in partnership with Pharmac, were able to award three scholarships to tauira Māori working towards an allied health career or those developing their mātauranga Māori. This has allowed Ngā Pou Mana as an organisation, to be responsive in supporting addressing the inequities and barriers faced by Māori, when working towards their tertiary education. This year Ngā Pou Mana are able to provide more scholarships valued at $10,000, further contributing to addressing inequities in Māori health. Ngā Pou Mana seek to build relationships with the education sector at all levels and work with ‘Kia Ora Hauora’ in supporting Māori into health career pathways and look to strengthen this relationship in the future.

The organisation is aware of the challenges faced with data collection and are looking to develop partnerships with Te Rau Ora (previously known as Te Rau Matatini) in collecting and evaluating Māori health workforce data, and also will be looking at improvements in our own data collection protocols to help to support and inform strategy and planning.

The current workforce disparities are detrimental to Māori health outcomes, further contributing to the inequities and inequalities faced by our people. In order for this to

be addressed a multifaceted, comprehensive approach is required to attain equitable outcomes in this space.

As the executive members of Ngā Pou Mana, we present the submission to the New Zealand Health and Disability System Review.

PART 5: KEY MESSAGES

1. Presently there is inconsistent and unreliable data collection making it challenging to get an accurate picture of the Māori allied health workforce. More work can be done in this area with more emphasis on understanding the importance of ethnicity data and clarity around health workforce roles and their distribution. What is clear from the data is that there are a high number of Māori active in the non-regulated health workforce, rather than the regulated workforce. How can we get more out of this workforce?

2. There are emerging initiatives in the education sector that are supporting Māori into STEM pathways and the Health sciences. The success of these initiatives has been praised for the collaborative approaches used across multiple sectors, the engagement of whānau and communities, and the use of kaupapa Māori frameworks to guide the programmes. This is an example of how to implement Māori health workforce development, however more effort needs to be spread across the continuum of the health workforce pipeline, from the ages of 10-12 years old, right through to when Māori are in the workforce and beyond.

3. Ngā Pou Mana is a kaupapa Māori led organisation providing support to kaimahi, students, teachers and researchers in the allied health sector. Ngā Pou Mana seeks to provide opportunities to tautoko educate, provide advocacy and support to develop cultural and professional workplace knowledge and skills. Government departments and officials who are serious about addressing health equity need to find better ways to support the development and sustainability of these non-profit Māori organisations – as it stands, the current level of support and resource our organisation receives is a huge barrier to our ability to make

changes to our health system, and actually contributes to further inequities. If equity for Māori is of great importance for the health and disability sector, more resourcing and funding must be put into this area to match the need.

4. With the recent Waitangi Tribunal (WAI 2575) Report, Māori Inquiry into Oranga Tamariki and the Health Quality & Safety Commission report “A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity” the data is mounting, showing conclusive evidence that there are real inequity issues across the board for Māori (Health Quality & Safety Commission, 2019; Safe & Effective Justice, 2019; Tapua Research Centre, 2019). The time to make effective, courageous, and disruptive changes to the system is now. The Ministries, and all organistions contributing to Health must show a genuine commitment to The Treaty of Waitangi. Māori are sick of waiting for change. The time is now, and those that cannot make the shift must be held accountable for their inaction by removing funding from those that continue to be passive in their delivery to change health outcomes for Māori.

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