



**National Workforce Strategy
2014-2017**

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Introduction

“Hutia te rito o te harakeke, kei whea te Kōmako e kō? Kī mai ki āhau, he aha te mea nui o te Ao? Māku e kī atu, he tāngata, he tāngata, he tāngata”

“Without the central shoot of the flax plant, where would the Kōmako (Kōmako – Bellbird) be? You ask, ‘what is the most important thing in the world?’ I respond, ‘it is people, it is people, it is people’.

The changing Māori demography and population trends; and historical, socio-political factors influence workforce development trends. The organisation and quality of the workforce is critical for health care that is both effective and to improve health outcomes for Māori. An ageing Māori population indicates improved overall health status however, is not necessarily an indication of improvement or reversal of health disparity. Examining demographics as an indicator of Māori health status raises many political, social and cultural issues. These issues impact on workforce development. Over the past few years there have been gains in workforce resource issues, including Māori capacity such as Whānau ora policy and funding to support change. However, although significant, is still insufficient to meet Māori health needs.

Māori standards of health are a function of social, economic, cultural and environmental determinants and significantly impact on demands for and access available to health services. While health disparities cannot be attributed to health services alone, appropriate access to these services, greatly contribute to good health.

Culture also plays an important role in health as it influences how behaviours and symptoms are perceived, understood and responded to by both those receiving and those providing health care. International and national research has found that health service outcomes are likely to be better where there is cultural alignment between patient and the practitioner. The Māori health workforce has a significant role to play in improving Māori health status.

Workforce Development (WD) is a whole systems approach to developing a workforce. The Health Workforce Advisory Committee (HWAC) described workforce development in a 2005 report¹.

The Ministry of Health (MoH) has produced a report² which provided an overview of the WD environment in New Zealand for conceptualising and summarising the various activities in WD.

¹ Health Workforce Development Committee, 2005. Fit for purpose and for practice: a review of the medical workforce in New Zealand. Consultation document. Wellington. Health Workforce Advisory Committee.

² Ministry of Health, 2006. Health Workforce Development: Wellington. Ministry of Health.

The overall focus of this National Workforce Strategy is about Nga Maia defining their own workforce priorities and then developing a pathway to achieve their collective aspirations. At the forefront is for Nga Maia to become the preferred Midwifery choice in Aotearoa that focuses on Māori birthing practices (aligned to the 11 regions); delivering primary health care, principally maternity, midwifery and well child services to whānau Māori.

The National Workforce Strategy focuses on five primary areas which are central to the success of effective and efficient functions at Nga Maia. The WD strategy areas are:

1. Workforce Development Structure
2. Organisational Development
3. Recruitment and Retention
4. Training and Development (Cultural Competence³)
5. Information, Research and Evaluation.

Each area is intended to overlap and link with one another to collectively achieve the objectives outlined on the following page. The strategy is proposed to take up to 5 years to be fully implemented and operational.

Our Vision: Nau Te Whatu Māori- Through the eye of Māori

³ Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises of four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures (Mercedes Martin & Billy Vaughn (2007).

Overview of the National Workforce Strategy

1. Workforce Infrastructure

Nga Maia Charitable Trust (Nga Maia) is committed to source the most competent employees who will add value to the services that Nga Maia provides. Nga Maia aims to be the “preferred” Midwifery voice of choice in Aotearoa that focuses on delivering traditional Māori Birthing practises; to deliver primary healthcare, principally maternity, midwifery and well child services to whānau Māori.

Nga Maia also considers the wider changing environment and to consider the realities of “economies of scale” and linking this to how NGOs are currently organising themselves as a provider. Consider the “Hub and Spoke” model favoured by Government Departments at present and the impact this may have on Nga Maia National and Regional Committees. Another example may be Whānau ora – both a metaphor for mainstream, but a reality for Māori, this is, alliances of Māori providers that now operate as a single service provider (retaining their legal entity and autonomy, but remain affiliated to Nga Maia).

Rationale: To ensure that Nga Maia supports its staff and Māori midwives, it is imperative to build a strong infrastructure.

Key Focus Areas are:

- To build the professional, clinical and cultural knowledge of Māori Birthing practices
- To promote clinical and cultural policy and activity using a bicultural partnership model
- To establish a strong public image of Māori birthing services
- To be a lead voice for Māori birthing practices across Aotearoa
- To be a lead voice for Māori midwifery, health and social services involved in Māori birthing
- To be a lead voice enabling healthier Māori populations in Aotearoa
- Communications Strategy: Promotion materials and mediums – Marketing/PR campaigns directed at sourcing skilled personnel (especially Māori) and
- To increase the membership and maintain the membership database.

2. Organisational Development

Nga Maia is passionate and has dedicated trustees that have worked tirelessly to provide sound leadership for several years. The existing deed had been written in a way to ensure the trustees would be in place indefinitely. This has not been beneficial for Nga Maia and in some ways has set-back the Organisation. However, recently the trustees made a mammoth decision to change the Deed dramatically so that the strategic direction and moemoea of Nga Maia may grow. This involves the existing trustees standing down so that new representation on the Board will come forward. The most profound decision and

although it was not supported by all of the trustees at the time, has led to one of its trustees accepting a leadership role in a voluntary capacity. This role has been taken up by Jean Te Huia who has the skill sets, knowledge and the wisdom to take Nga Maia forward. This role will provide for the new incoming trustees continuity of leadership and retention of institutional knowledge.

The development of a Governance Manual and Risk Management plan would support the attempt to standardise information and knowledge of the new trustees and both the National and Regional Committees.

Rationale: Nga Maia will develop an organisational culture of high performance serving whānau Māori.

Key Focus Areas are:

- To protect the interests of Māori birthing knowledge, both traditional and contemporary and to uphold organisation values
- To demonstrate financial and organisational effectiveness throughout all maternity structures and processes
- To grow a strong financial base to support the strategic objectives
- To be innovative and responsive to Māori birthing needs – to review and update the Turanga Kaupapa cultural framework, this is supported in the OHP 3 year plan
- To grow and support Nga Maia philosophy
- To embrace Te Tiriti o Waitangi – to lobby to become NZCOM’s treaty partner.

3. Recruitment and Retention:

Nga Maia aspirations of Recruitment and Retention are very broad⁴. This is not just about employing and maintaining a sustainable workforce. Educating Māori midwives about understanding peer review and mentoring and how to make it work; allocated workforce development budgets for Māori Midwives to factor this into their budget and linking it to existing capacity for peer review and mentoring.

Rationale: A sustainable workforce encourages consistency for stakeholders and reduces costs associated with recruitment and turnover. Critical to retention is professional development and succession planning. It is beneficial to identify leaders - who desire to develop and grow and take on new or evolving roles including post graduate studies.

⁴ Broad means the retention of skilled trustees; National and Regional Committees and employees.

Key Focus Areas:

- Professional development and the development of mentoring programmes
- Succession planning (supporting practitioners to undertake post graduate study leading to Masters or doctorate)
- National and Regional Committee recognition, engagement and satisfaction
- Membership engagement and connection.

4. Training and Development

To ensure that all trustees and staff are competent in understanding and exemplifying the values, kaupapa, and tikanga that underpins all the operations of Nga Maia. Nga Maia is a kaupapa Māori service provider which is founded on the principles of Te Tiriti o Waitangi. Nga Maia has a dual responsibility to both Māori and non-Māori. To ensure that Māori may effectively access the services Nga Maia provides, it is essential that all staff are able to meaningfully relate and interact with Māori; execute tailored professional development and education opportunities and mentoring. The professional development will focus on up-skilling to accommodate more challenging responsibilities that Midwives are being considered and trained for. The professional development should also prepare prospective Midwives to meet the potential future requirements of taking on more senior roles.

Rationale: Nga Maia will need to consider the National and regional needs of each of the 11 regions to identify their own education and training pathways for all Māori midwives and student midwives. There could be opportunity to develop standards that fit the NZQA education qualification framework.

Key Focus Areas:

- Evaluate the Organisational Culture
- Provide easy access of resources for staff and Māori midwives
- Induction/Orientation processes and procedures
- Integrate kaupapa and tikanga Māori into all practices.

5. Information, Research and Evaluation

To readily inform best practice, research should be conducted and its results should be peer reviewed and used to inform practice. Creating networks within the larger health sector as well as providing appropriate space for research facilities may attract researchers.

Rationale: Nga Maia expects to face a rise in demand for its services as its profile becomes more renowned. Additionally, Nga Maia aims to improve the level of engagement it has with whānau Māori; regions and its membership. Therefore, Nga Maia will need to effectively plan for the future demand of its services.

This section outlines what information may be required so that Nga Maia may react appropriately to impending changes. Firstly, conducting extensive research and analysis is recommended. Secondly, when analysing areas of research and evaluation, Nga Maia may want to consider using the following analyses to determine where it may need to make strategic changes:

- SWOT analysis – identify the strengths, weaknesses, threats, and opportunities of Nga Maia (internal)
- STEPP analysis – identify social, technology, economic, political, and physical/environmental trends which may influence Nga Maia (external)
- Porters 5 Forces – determine whether it may be beneficial and realistic for Nga Maia to expand into other industries (niche markets)
- This is not an exhaustive list, there are numerous analytical tools which may give insight on how and why Nga Maia should grow and develop. The analysis may be done by contracted consultants.

Key Focus Areas:

- Collaborate with other professional healthcare providers – knowledge and resources sharing (i.e. NZCOM; NZNO and Nga Manukura o Apopo)
- Assess the current and future demands of the regions
- Assess the current and future needs of the membership
- Assess the current and future needs of Nga Maia stakeholders
- Construct HR plans to anticipate future needs of stakeholders
- Identify prospective other stakeholders who may influence Nga Maia (i.e. Whānau ora; Ministry of Social Development; Philanthropic bodies), etc.

Future HR Functions and Resources

Nga Maia aims to become an effective and efficient Employer. To ensure that Nga Maia becomes an employer of talented staff, it is essential that all the key HR functions and resources are up-to-date and exceeds the minimum standards of 'best practice'. Best practice dictates annual job analyses and performance appraisals to ensure that every employee's job description accurately reflects the tasks they undertake.

Nga Maia may also want to consider constructing a general HR Handbook which is tailored specifically towards the needs of Nga Maia and may be easily accessible by the staff. Human Resource Management is a function which is utilised by all senior staff that have a responsibility to their subordinates and colleagues; a general handbook will help employees unfamiliar with HR practices, and legal requirements, especially during challenging situations where what is right or wrong is not apparent.

Our Mission

Nga Maia is committed to 'Māori Birthing Practices' that promote the health and wellbeing of Māori in all sectors of the community involved in Maternity services. Nga Maia embraces Te Tiriti o Waitangi and will endeavor to improve the health status of all peoples of Aotearoa, but in particular Māori through participation, partnership and protection in health and social service delivery within maternity services.

Appendix One

	Measures of Success – Trustees and National Committee	Recommended Actions
WHĀNAU	<ul style="list-style-type: none"> • Nga Maia is the National voice Wahine Māori, pepi, whānau, hapū, iwi and communities have access to specialised staff have an affinity with Māori tikanga and strong knowledge of traditional Māori birthing practices and Maternity services and support systems. • Services provided to Wahine Māori, pepi, whānau, hapū, iwi and communities are developed based on the objectives that reflect tikanga and kaupapa. • Wahine Māori, pepi, whānau, hapū, iwi and communities respect the work of Nga Maia and tautoko its tikanga, policies and practices through active engagement, cooperation and participation. • Nga Maia Māori midwives are seen by Wahine Māori, whānau, hapū, iwi and communities as a local, regional and national specialist leaders in traditional and contemporary practices of Māori Midwives. 	<ul style="list-style-type: none"> • At a National level through the CEO: <ul style="list-style-type: none"> ○ To support the trustees to meet at least three times a year ○ To convene collective forum (Nationally and regionally) where Māori midwives participate actively in decision making ○ To seek out new streams of funding opportunities via GETs, word of mouth and established relationships to source additional finance that can be used to strengthen and broaden the range of services offered by Nga Maia ○ To encourage Māori Midwives to enrich local communities and national forums with their knowledge and affinity to tikanga Māori, by identifying the barriers which prevent Māori midwives involvement in policy and training development activities, and formulating strategies to address those barriers.
ORGANISATION NGA MAIA	<ul style="list-style-type: none"> • All Trustees and National Committee members are knowledgeable on Governance and Risk Management. • All Trustees and National Committee members have a clear understanding their roles and responsibilities. • Collectively, Nga Maia Māori midwives are sought out and presented with opportunities (and sufficient resources to mentor) to lead the review and development of Maternity services for Wahine -Women to ensure cultural appropriateness and suitability. • At least 80% of the National Committee have an affinity with Māori tikanga and recognise the importance of its presence within Nga Maia. • The National Committee and spokesperson has strong relationships with its partners. 	<ul style="list-style-type: none"> • Through the CEO: <ul style="list-style-type: none"> ○ Carry out Strategic, Business and Workforce planning directives on behalf of the trustees ○ Review and Update, Implement and Evaluate the Turanga Kaupapa Cultural framework that supports Nga Maia Māori midwives ○ Develop, Implement and Evaluate a Communications Strategy targeted at Māori, pepi, whānau, hapū, iwi and communities which advises of the services available through Nga Maia, how they are delivered and who they are for ○ Develop, Implement and Evaluate a National Māori student mentoring programme ○ Ensure there is Nga Maia representation on appropriate National Boards of influence.

	Measures of Success - Regions	Recommended Actions
WHĀNAU	<ul style="list-style-type: none"> Wahine Māori, pepi, whānau, hapū, iwi and communities who are engaging with Nga Maia are receiving the quality midwifery services, by the right people, at the right time. Wahine Māori, pepi, whānau, hapū, iwi and communities are contributing to the development and implementation of services that are being provided by Nga Maia Māori Midwives. 	<ul style="list-style-type: none"> Through the CEO: Identify and explore ways in which Wahine Māori, pepi, whānau, hapū, iwi and communities may wish to continue to engage with Nga Maia Māori midwives after their need for services has diminished (e.g. as 'consumer groups or as a volunteer support worker, an advocate), etc Conduct a survey with which Wahine Māori, whānau, hapū, iwi and communities can provide feedback on current services (through their eyes) and devise solutions for implementing potential continuous improvement.
ORGANISATION NGA MAIA	<ul style="list-style-type: none"> Regions have their own Committees in place and are holding their own meetings. Regions are established and have their own legal entity. Māori midwives are being approached to contribute to the knowledge and understanding of traditional Māori birthing practices outside of Nga Maia at local, national and international levels. Māori Midwives are representatives on DHB/PHO Boards and Advisory Committees Information technology is embraced by Māori Midwives of Nga Maia as a tool to support mentoring. Attitudes of Māori Midwives is positive across Aotearoa. Membership is increasing and is sustainable. 	<ul style="list-style-type: none"> Through the CEO: <ul style="list-style-type: none"> Support each region to establish their own Regional Committee and (if required) their own legal entity Seek out invitations to participate in local, regional and international hui focused on Midwifery and or Maternity key messages/discussion items Review current organisational and infrastructure policies and procedures Ensure each Regional Committee receives governance and risk management training Support each region to be represented on DHBs/PHO/Maternity and Advisory Boards Sub-contract regional committee where a legal entity exists and there is robust infrastructure in place Develop and implement an annual Māori midwife satisfaction survey to improve engagement, productivity and retention and devise solutions that will address areas where Midwives are concerned Facilitate workshops on contract management Support regions to gain funding via GETs, word of mouth and established relationships to source finance.

Appendix Two

Appendix Two

An Overview

A significant review of existing DHB/Workforce Integration strategies affecting Māori midwives has been conducted by Future Workforce, DHBNZ, 2009. This report does not reinvent the wheels. This workforce strategy does not look at the gaps that exist rather, the plan considers ways for Nga Maia to support the Māori midwifery workforce through collaborating with champion DHBs who have strategies in place and champion Māori leadership (e.g. Tumu Whakararae); the four midwifery schools and senior practitioner Māori midwives employed within DHB settings.

This report represents the development needs of Māori Midwives who are current practitioners within DHB settings and the suggested strategies that would sustain them in this vocation.

	What are the development needs for Māori midwifery students and current practitioners working within DHBs (but is not limited to):	What are DHB/Workforce Integration strategies affecting Māori midwives?
	<ul style="list-style-type: none"> • Ongoing clinical skills development usually via in service education. This is usually covered under the MERAS collective employment agreement provisions; • Postgraduate Education - there is no funding via Health Workforce NZ for anything past the MFYP programme - so any higher education is either through scholarship or self-funding and this also includes formal research activity; • Current practitioners require leadership development. Nga Manukura o Apopo is able to provide this; and • There are not very many Māori midwives working in DHB's, therefore not many Māori midwives to take Māori midwifery students on placement and most of the time the Māori midwifery students end up with self employed midwives who are mostly from another cultural background. 	<ul style="list-style-type: none"> • There are not many specific to Māori midwifery strategies in DHB's. Although there is a National midwifery advisory group led by the DHBNZ who are responsible for developing a standardised staffing methodology. This group is predominantly made up of non-Māori practitioners. There are also advisory groups within other DHBs. Some of these advisory groups have marginal representation by Māori. • The biggest issue is supply – there are not enough graduates and there is poor retention. • There are workforce arms i.e. Turuki which is a recent initiative within Hawke's Bay DHB, this group can support Māori midwives who are needing support in the region. • There is very little data on Māori midwifery turnover in DHB's (vs working as an LMC). What and where are we losing Māori midwives (i.e. are they going overseas or just leaving the profession).
NGA MAIA /		<p>Nga Maia recommended workforce solutions are to:</p> <ol style="list-style-type: none"> 1. Develop strategies to support Māori midwives and Māori students within DHB settings; 2. Gain funding to develop a database on Māori midwifery turnover in DHB's (vs working as an LMC). Include in this data why we are losing

Māori midwives from clinical practice – i.e. are Māori midwives leaving NZ or leaving the profession;

3. Meet with key funders and other stakeholders and develop strategic partnering relationships; and
4. Build a business case and present to the Ministry of Health to be formally recognised as the treaty partner to NZCOM and gain equity funding.

In terms of opportunity - government policy e.g. Whanau Ora is more likely to drive early maternity care interventions, etc. The recent article by the NZ Medical Journal highlighted the “study of 44 pregnant or recently pregnant Māori women aged under 20 and showed that, despite their youth and possible implications of finding out they were pregnant, most participants were proactive in taking steps to confirm their pregnancy, with primary care services such as the GP or a school or community-based youth specific health service. Despite a publicly-funded maternity system, the fragmentation between primary non-LMC maternity care and LMC services had a negative impact on the pregnancy journey for many of these young women, disrupting access to early antenatal care” (Charissa Makowharemahihi – Otago University). Nga Maia has an opportunity to be proactive and counteract situations outlined in the study above.

Appendix Three

The development of both this National Workforce Strategy and the DHB Workforce/Integration strategies has been informed by the members listed in this appendix.

Name	Position	Region
Aroha Reriti-Crofts	NM BOT Chairperson	Te Waipounamu
Amber Clarke	NM BOT / Midwife	Te Waipounamu
Kris Kena	NM Admin / Whanau	Takitimu
Ruth Chisholm	Midwife	Te Waipounamu
Maria Hakarai	Midwife	Te Upoko O te ika
Ngarangi Pritchard	Midwife	Te Upoko O te ika
Ligi Igasia	Midwife	Te Upoko O te Ika

Pauline Allen-Downs	Registered Nurse	Te Tai Tokerau
Crete Cherrington	NM BOT / Midwife	Te Tai Tokerau
Christine Hawea	NM BOT	Tamaki Makaurau
Korina Vaughn	Midwife	Tainui
Ripeka Ormsby	Midwife	Takitimu
Stella Hokianga	Midwife	Takitimu
Sonia Paul	Whanau	Takitimu
Nardine Moses	Student	Manawatu
Tara Peka	Student	Manawatu
Not registered	4x Student Midwives	Tamaki Makaurau
Mahia Winden	Midwife	Tamaki / Te Tai Tokerau
Henare Kani	Whanau	Takitimu
Tungane Kani	Whanau	Takitimu
Katarina Komene	Midwife	Tamaki / Te Tai Tokerau
Erin Sandilands	Midwife	Takitimu
Beverly Te Huia	Midwife	Takitimu
Cheri Ratapu-Foster	Whanau	Te Upoko O te Ika
Taima Campbell	Guest speaker	Nga Manukura o Apopo
Terese Glenny	NM Financial Admin / Whanau	Takitimu
Jean Te Huia	NM BOT / Midwife	Takitimu