



# **WHAKATIPURANGA RIMA RAU**

***Towards 500***

## **OPERATIONAL PLAN**

**DATE: March 2012 – March 2015**

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# 1. INTRODUCTION

1.1 The Whakatipuranga Rima Rau Trust (WRR) is a charitable trust established in 2010 by partners Te Whare Punanga Korero, the Taranaki iwi-representative body for health, the Ministry of Social Development and the Taranaki District Health Board.

1.2 Other important stakeholders include Te Puni Kokiri and the Taranaki Savings Bank Community Trust, both of which have funded critical aspects of the project to date. Other stakeholders include the local Polytechnic WITT, Tui Ora Ltd and a tertiary education sector representative has been an important contributor to strategic discussions. Secondary schools through-out Taranaki are important stakeholders having significant input through Program Incubator.

1.3 WRR's vision is that

*Taranaki has a competent, skilled Māori health and disability workforce equal in proportion to its population share.*

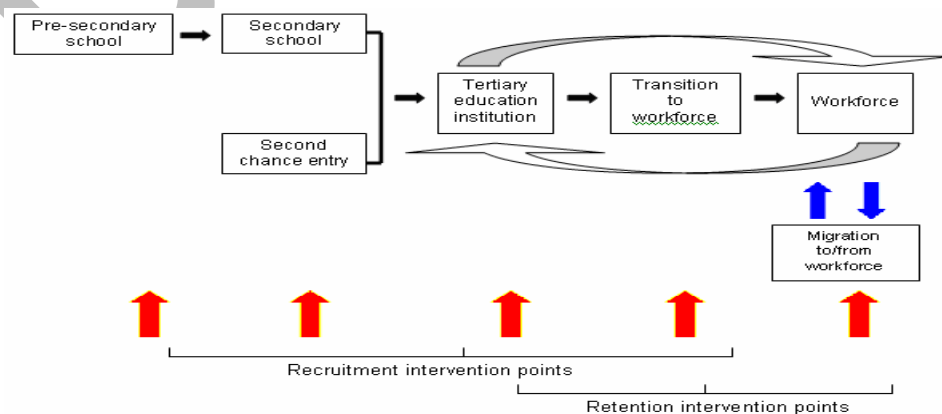
WRR's contribution to this outcome is:

*“To create 500 employment opportunities for Māori within the Taranaki health and disability sector over the next 10 years”.*

1.4 This Operational Plan sets out the activities that will be undertaken in the next three years towards achieving this goal. It is informed by our experiences of 2009-10-11 which have caused us to reconsider the pathways to achieving this. In this regard while the aim remains of creating 500 job opportunities over 10 years, the pace at which this is achieved is realigned to accommodate infrastructural and program development over the term of this Plan. With a solid platform in place, the pace of achievement is projected to accelerate in later years.

1.5 WRR acknowledges the limitations of existing data relating to the Maori health and disability workforce in Taranaki. An important component of this Plan therefore is to build databases capable of fulfilling a number of key information needs including the ability to monitor the Taranaki Maori health and disability workforce.

1.6 WRR aims to generate and nurture interest in health careers and to proactively support placement of the potential workforce into jobs. The approach is guided by the Māori health and disability workforce recruitment and retention pipeline outlined in the report Rauringa Raupa<sup>1</sup>. For WRR this identifies the points at which intensive support is envisaged:



**Fig 1: Maori Health and Disability Workforce Pipeline**

<sup>1</sup> Rauringa Raupa, Recruitment and Retention of Maori in the Health and Disability Workforce, Mihi Ratima et al, Taupua Waiora, AUT University, January 2007

## 2. PROGRAMS

### 2.1 Programs under way under the WHYORA work stream include:

- a. 'Incubator' a mentoring program which exposes year 12 and 13 secondary school students to the wide range of careers available in health, by connecting them with health sector workers;
- b. [www.whyora.co.nz](http://www.whyora.co.nz) is an information website for Taranaki residents to map their way through pathways and support systems into a wide range of health careers. The website will be linked to other websites that provide information relevant to health career pathways, culminating in a comprehensive information store that enables people to find out in detail how they get from the point they are at, e.g. year 9 secondary student, to any career(s) they wish to explore;
- c. Internships are paid holiday work experience placements for people enrolled in tertiary studies towards a health career. As far as possible they are located with services in their areas of interest. Interns demonstrate a commitment to a health career and a desire to return to the Taranaki health and disability workforce at some stage of their career;
- d. Cadetships are six to 24-month paid work placements during which cadets experience a variety of aspects in their areas of interest. Cadets are expected to progress to further study or gain on-going employment in the sector;
- e. Development of a framework of indicators to monitor workforce development progress over time.

### 2.2 Programs planned or in development include:

- a. Establishment of a student tracking database to support tracking of students from their initial engagement with WRR, through to employment in the health and disability sector;
- b. Establishment of a vacancies management system which tracks employment opportunities and matches potential employees on the WRR pipeline. The database will also track Maori employment through-out the sector;
- c. Facilitating participation in tertiary education support programs such as Whakapiki Ake, and others;
- d. Provision of support for students enrolled in health studies in tertiary institutions through-out NZ;
- e. Support for students to be job-ready including preparation of CV's, preparing job applications, helping with interview techniques, supporting at interviews, building confidence and other supports as required;
- f. Inclusion of whanau in Program Incubator delivery;
- g. Extension of the Incubator concept to include from year nine secondary school students.

### 3. POLICY FRAMEWORK

- 3.1 He Korowai Oranga is the national Maori health strategy 2002. Pathway two of four pathways is to achieve active participation by Maori at all levels of the health and disability sector in decision-making, planning, development and delivery of health and disability services. This pathway involves building Maori provider and workforce capacity.
- 3.2 Raranga Tupuake, the national Māori Health Workforce Development Plan 2006, is implemented via the Maori workforce development program Kia Ora Hauora. WRR has strong relationships with the Midlands regional hub of KOH with whom there is the understanding that WRR will deliver KOH programs and resources in Taranaki.
- 3.3 Te Kawau Mārō is the Taranaki Māori Health Strategy 2009-2029. Te Kawau Maro “articulates pathways to support whanau to achieve their maximum health and wellbeing”. A strategic priority of Te Kawau Maro is to build Maori capacity, including workforce. WRR is TDHB’s principle vehicle for implementing the workforce component of Te Kawau Maro.
- 3.4 Te Whare Punanga Korero’s main role is to act as a conduit for iwi to effect positive change for Maori in Taranaki. It’s role is key in terms of connecting and harnessing iwi leadership to drive participation in the WRR opportunity among whanau, hapu and iwi.

### 4. PROFILE OF THE TARANAKI MAORI POPULATION

- 4.1 Latest census figures (2006) show that the total Maori population in Taranaki is 15,798, or 15.8% of the total population, similar to the proportion of Maori in NZ. 50.6% of the Taranaki Maori population were male and 49.4% female.
- 4.2 36% of Maori are aged under 15 years compared with 22% of non-Maori. 47% of Taranaki Maori are under the age of 20, while over 60% are under the age of 30 compared with 36% of non Maori. The median age for Taranaki Maori is 22.3 years while for non-Maori, this median age is 38.0 years.
- 4.3 TDHB comprises three territorial authorities. In 2006 the majority of the population were based in the New Plymouth District Council catchment while the largest proportion was based in the South Taranaki District.

	South Taranaki District	Stratford District	New Plymouth District
<b>Total Population</b>	26,487	8,892	68,901
<b>Māori (%)</b>	21.7%	11.2%	14.1%

#### Iwi

- 4.4 There are eight iwi in Taranaki:

IWI	TOTAL POPULATION	TARANAKI POPULATION	% IN TARANAKI
Ngati Tama	1,167	306	26.2%
Ngati Mutunga	2,094	516	24.6%
Te Atiawa	12,852	2,721	21.1%
Ngati Maru	735	192	26.1%
Taranaki	5,352	1,473	27.5%
Ngaruahinerangi	3,726	1,449	38.8%

Ngati Ruanui	7,035	1,614	22.9%
Ngaa Rauru Kiiitahi	4,047	726	17.9%
<b>TOTAL</b>	<b>37,008</b>	<b>8,997</b>	<b>24.3%</b>
<b>Māori: non-Taranaki iwi</b>		<b>6,801</b>	
<b>Total Māori Population</b>		<b>15,798</b>	

4.5 Māori who whakapapa to Taranaki iwi account for 57 percent of the local Māori population or around 9,000 people, while almost 43 percent whakapapa to iwi outside of Taranaki. Around one quarter of the 37,000 Taranaki uri live in the Taranaki region.

4.6 There are over 50 hapū represented in nga Iwi o Taranaki and 42 Marae in the region.

4.7 The majority of Marae are located in the southern part of the region across four iwi rohe - Taranaki, Ngaruahinerangi, Ngati Ruanui and Ngaa Rauru Kiiitahi.

#### 4.8 **Deprivation**

Taranaki had a higher proportion of people living in deciles 6 to 10. Māori make up a significantly higher proportion of Taranaki residents in deprivation deciles 8 and 9 and a much higher proportion of Māori in decile 10. Conversely in deciles 1 to 4, the proportion of non-Māori is much higher.

#### 4.9 **Social Determinants of Health:**

##### a. **Education**

26% of Māori in the TDHB region left school with little or no formal attainment compared to 11.5% of non-Māori school leavers;

##### b. **Employment**

Taranaki Māori were more than 3 times more likely to be unemployed than non-Māori in Taranaki at the 2006 census (8% compared to 2.5%);

##### c. **Income**

d. Māori were more likely than the European/other group to be categorised as low income (less than \$20k per annum) at the 2006 census;

##### e. **Home ownership**

A higher proportion of TDHB Māori do not own their own home compared with non-Māori – 57% compared to 41%;

##### f. **Access to Telecommunications**

Māori households in Taranaki were more than twice as likely to have no access to telecommunications and were less likely to have access to a telephone, internet or fax. However they were more likely to have access to a cellphone;

##### g. **Access to Transport**

In Taranaki, Māori households are more likely than non-Māori households to have no access to a motor vehicle.

#### **Population Growth**

4.10 The Taranaki population is projected to fall to 98,770 by 2026, a decline of six percent. However, the Māori population is expected to increase to 20,800 over the same period, an increase of 19.9 percent. This means that, by 2026, Māori are expected to account for around 21.1 percent of the region's population compared to 15.8 percent in 2006.

- 4.11 The Māori population in the region will increase faster in the younger age groups. By 2026, Māori are expected to account for 38.8% (28% in 2008) of those aged under 15, and 37.2% (24.5% in 2008) of those aged between 15 and 24.

## 5. TARANAKI HEALTH SECTOR PROFILE

- 5.1 The following are known providers of health services in Taranaki and therefore current and potential employers of the health workforce:
- a. Taranaki DHB Provider Arm consists of the Taranaki Base hospital, Hawera hospital and 5 community health centres
  - b. 2 Primary Health Organisations, the Midlands Regional Health Network and the National Hauora Coalition
  - c. 69 General Practices
  - d. 23 Dental Practices
  - e. 24 Pharmacies
  - f. 19 community personal health providers
  - g. 31 providers of services for older people
  - h. Multiple support services for people with disabilities
  - i. Multiple mental health services
  - j. Providers of community laboratory and radiology services
  - k. The preferred provider of Maori health services strategic alliance between Tui Ora Ltd and the National Hauora Coalition.

## 6. HEALTH AND DISABILITY WORKFORCE

- 6.1 The local health workforce consists of two main strands:
- a. The Taranaki DHB is a major employer of health and disability workers employing 1200 FTE's (1600 employees in total) within its provider and funder arms. Approximately half of these are members of the regulated workforce i.e. they are subject to statutory health practitioners or social worker competency regulations. The remaining half are part of the non-regulated health workforce and include roles such as mental health and alcohol and drug workers, health promoters, health educators, kaimahi hauora, healthcare assistants, orderlies, receptionists, theatre technicians, ward clerks, funders, planners, advisors, administration assistants and cleaners. 6.78% of this workforce identifies as Maori. 10% of the TDHB workforce has no ethnicity recorded.
  - b. The second strand consists of the NGO sector and includes Maori providers, Primary Health Organisations including general practice, private hospitals, rest homes, pharmacy, mental health service providers, home support services, Maori traditional healing as well as other mainstream health service providers.
- 6.2 The total health workforce in Taranaki is estimated to be in the region of 5,200. Though we do not know the exact ethnic makeup, a 'best guess' is that Maori contribute around 6% to the workforce currently.
- 6.3 There are obvious limitations of the current data. Some information can only be estimated, other information is not suitable for the reporting needs of the project, while some data is more than 5 years old. An objective of WRR is to establish baseline data for ongoing monitoring.

## 7. PLANNED ACTIONS

- 7.1 WRR will perform the following activities during 2012 to 2015 to increase the Māori health and disability workforce. Actions are based on the following criteria:
- The extent to which the workforce issue is amenable to intervention
  - Capacity for intervention to be driven by WRR
  - Whether the indicator relates to a priority area agreed by the WRR Trust
  - The quality of ethnicity data and availability for ongoing analysis
  - Whether actions can be undertaken in a reasonable timeframe
- 7.2 The action plan that follows describes the activities the Taranaki DHB will perform during 2012 to 2015, to increase the Maori health and disability workforce and thereby improve Māori health outcomes. The planned indicators and actions include:

National Priorities and Indicators		
1	Data Quality	Availability and accuracy of ethnicity workforce data in the Taranaki health and disability sector
2	Workforce Numbers	Percentage of Māori staff in Management, Clinical, Allied Health, Non-health support and Administrative positions in the following settings: <ul style="list-style-type: none"> <li>• Hospital</li> <li>• PHO</li> <li>• Community</li> </ul>
3	Exposure to health careers	Percentage of Maori year 9 to 13 secondary school students participating in program 'Incubator'
		Number of Taranaki Maori registered on the Kia Ora Hauora website
		Percentage of students that participated in Incubator program who are enrolled in or undertaking tertiary studies on a health career pathway
4	Transition to work	Percentage of people that undertook a work placement (cadetship, internship, voluntary placement) have been recruited into the health and disability workforce
		Percentage of people recorded on WRR student database in receipt of transition to work support (excluding work placement)
5	Employment	Percentage of employers with whom workforce development plans and agreements with key health and disability employers are in place
6	<b>Stakeholder Relationships</b>	Funding agreements in place to achieve expected results.

## WORKFORCE INDICATORS

## ALL INDICATOR SCHEDULES ARE IN DEVELOPMENT

<b>Workforce Priority</b>	Workforce data		
<b>Indicator 1</b>	Health and disability sector workforce data		
<b>Indicator 2</b>	Student database		
<b>Indicator 3</b>	Vacancies management system		
<b>Baseline</b>	<p>There is currently no accurate ethnicity workforce data captured by the health and disability sector</p> <p>There is currently no data captured that tracks student engagement in health career pathways</p> <p>There is currently no central system operating that identifies employment opportunities in the Taranaki health and disability sector</p>		
<b>Target</b>	Taranaki health and disability workforce data capture meets the national Ethnicity Data Capture Protocols		
<b>Rationale</b>	<p>The accuracy of ethnicity workforce data in the health and disability sector is variable</p> <p>Accurate ethnicity workforce data is essential for planning Māori health and disability workforce development and for implementing and monitoring progress in increasing the Maori workforce</p>		
<b>Outcomes desired</b>	<p>a) Accurate health and disability workforce information to inform workforce planning</p> <p>b) Highly responsive database systems that support WRR on-going workforce development activity</p>		
<b>To help achieve this outcome we will focus on</b>	<p>Building a database of the Taranaki health and disability workforce that incorporates:</p> <p>a) Health and disability workforce by ethnicity</p> <p>b) 'Potential workforce' tracking system</p> <p>c) Vacancies management system to support the matching of potential workforce with employment opportunities</p>		
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Engage with H&D employers to gain support for WRR to gather, monitor and report on workforce data		<ul style="list-style-type: none"> <li>• WRR/employer relationship agreements</li> <li>• Explicit commitment of employers to contribute workforce data</li> <li>• Explicit commitment of WRR to monitor and report to H&amp;D sector</li> <li>• Establishment of a Workforce Monitoring Governance Group (WMGG)</li> </ul>	Reliable workforce data, monitoring and reporting to support workforce development

Build and provide education package for employers on ethnicity and workforce data collection		Training package developed and delivered to H&D employers	Ongoing improvement in collection of workforce data
Build a Taranaki H&D workforce database that incorporates: a) existing workforce b) H&D employers c) Vacancies management d) 'Potential' workforce tracking and support		A comprehensive Taranaki H&D workforce database	The ability to set targets for workforce development activity relative to baseline starting levels
Agree workforce performance targets with H&D sector employers		a) Workforce development targets at TDHB b) Workforce development targets in NGO sector c) An action plan for attaining targets.	Efficient resource allocation toward performance targets
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders  Changes to the action plan

<b>Workforce Priority</b>	Workforce Volumes
<b>Indicator 4</b>	Percentage of Māori staff in Management, Clinical, Allied Health, non-health support, administrative positions in TDHB
<b>Indicator 5</b>	Percentage of Māori staff in Management, Clinical, Allied Health, non-health support and administrative positions in the NGO mainstream sector
<b>Indicator 6</b>	Percentage of Māori staff in Management, Clinical, Allied Health, non-health support and administrative positions in the NGO Maori sector
<b>Baseline</b>	
<b>Target</b>	
<b>Rationale</b>	
<b>Outcomes desired</b>	
<b>To help achieve this outcome we will focus on</b>	

<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders  Changes to the action plan
<b>Workforce Priority</b>	Exposure to health careers		
<b>Indicator 7</b>	Percentage of Maori year 9 to 13 secondary school students participating in 'Incubator' program		
<b>Indicator 8</b>	Number of Taranaki Maori registered on Kia Ora Hauora through the WHYORA website		
<b>Indicator 9</b>	Percentage of students that participated in Incubator program who are enrolled in or undertaking tertiary studies on a health career pathway		
<b>Baseline</b>	No formal program of engaging secondary school students in health careers as at January 2010		
<b>Target</b>			
<b>Rationale</b>			
<b>Outcomes desired</b>			
<b>To help achieve this outcome we will focus on</b>			
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders  Changes to the action plan

<b>Workforce Priority</b>	Student Support		
<b>Indicator 10</b>			
<b>Indicator 11</b>			
<b>Indicator 12</b>			
<b>Baseline</b>			
<b>Target</b>			
<b>Rationale</b>			
<b>Outcomes desired</b>			
<b>To help achieve this outcome we will focus on</b>			
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Access information regarding career pathways			
Build WHYORA to incorporate health careers info, learning pathways, education sector requirements, where and how to get help, scholarships available			
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders Changes to the action plan

<b>Workforce Priority</b>	Transition to work		
<b>Indicator</b>	Percentage of people that undertook a work placement (cadetship, internship, voluntary placement) and have been recruited into the health and disability workforce		
<b>Indicator</b>	Percentage of people recorded on WRR student database in receipt of transition to work support (excluding work placement)		
<b>Indicator</b>	Percentage of Incubator program participants that have progressed to a tertiary education health career pathway		
<b>Baseline</b>			
<b>Target</b>			
<b>Rationale</b>			
<b>Outcomes desired</b>			
<b>To help achieve this outcome we will focus on</b>			
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Undertake research and establish Maori workforce priorities for the Taranaki H&D sector			Work placements reflect local workforce priorities
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders Changes to the action plan
<b>Workforce Priority</b>	Stakeholder relationships		
<b>Indicator</b>			
<b>Indicator</b>			

<b>Indicator</b>			
<b>Baseline</b>			
<b>Target</b>			
<b>Rationale</b>			
<b>Outcomes desired</b>			
<b>To help achieve this outcome we will focus on</b>			
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>
Funder relationships			
Maori relationships			
Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders Changes to the action plan

<b>Workforce Priority</b>			
<b>Indicator</b>			
<b>Indicator</b>			
<b>Indicator</b>			
<b>Baseline</b>			
<b>Target</b>			
<b>Rationale</b>			
<b>Outcomes desired</b>			
<b>To help achieve this outcome we will focus on</b>			
<b>And perform these activities</b>	<b>By these dates:</b>	<b>Which will deliver these outputs:</b>	<b>Which will lead to these impacts:</b>

Provide quarterly reporting of workforce data to the WMGG		Quarterly reports from the H&D workforce database for the WMGG and other stakeholders	Information sharing with stakeholders Changes to the action plan

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