

Hauora Māori

Non-Regulated Workforce Training Fund - Service Specification

1.0 Background

The development of the Māori health and disability workforce¹ is a priority in the New Zealand Health and Disability Strategy. This applies particularly to 'unregulated workforces', namely those not regulated under the Health Practitioners Competence Assurance Act (2003).

Increased Māori participation and decision making in the health and disability sector are pathways to improving Māori health in the Government's policy framework for Māori health development.

He Korowai Oranga:

The Māori Health Strategy sets the strategic direction for Māori Health in the health and disability sector. One specific objective is to increase the number, and improve the skills, of the Māori health and disability workforce at all levels.

Raranga Tupuake:

The Māori Health Workforce Development Plan 2006 is a strategic framework that guides the development of the Māori health and disability workforce over the next 10 to 15 years. Two goals identified in the plan are to:

- a. expand the skill base of the Māori health and disability workforce
- b. enable equitable access for Māori to training opportunities.

2.0 Purpose

The purpose of the Hauora Māori Non-Regulated Workforce Training Fund (the Fund) is to provide access to formal accredited training programmes for the significant proportion of the Māori health and disability workforce that is part of the non-regulated workforce.

This training will support the non-regulated workforce to develop formal competencies in their current roles, and develop their potential to move into other health sectors roles as relevant.

2.1 *The broad vision for the Fund is:*

- A spirit of partnership between the Ministry of Health, DHBs and the health and disability sector and Māori stakeholders will facilitate the development of the non-regulated Māori health and disability workforce. This will be achieved by facilitating access to relevant, formal training opportunities for those who deliver and provide quality health and disability services to Māori as part of the non-regulated workforce.

¹ Includes DHB Provider Arm, DHB Non-Provider Arm and Ministry of Health funded Māori Health and disability workforces

2.2 To achieve this, the Fund will:

- provide flexibility and responsiveness for District Health Boards (DHBs) to address the training and development needs of their local/regional non-regulated Māori health and disability workforce
- improve access to relevant training opportunities for the non-regulated Māori health and disability workforce by supporting them to obtain relevant education opportunities
- provide a funding allocation model that balances local Māori health and disability workforce development needs and government strategies
- extend and improve access to formal training for a wider pool of potential trainees in the non-regulated Māori health and disability workforce
- provide funds for tuition fees, actual programme cost and travel and accommodation costs (as appropriate) for trainees to attend health and disability training programmes.

The Fund will assist DHBs to develop their Māori health and disability workforce according to local and regional DHB Māori health and disability workforce strategies and plans, government priorities and Ministry of Health policy.

DHBs will be responsible for prioritising and purchasing appropriate training programmes, in accordance with:

- prioritised workforce need, as identified by the DHB
- local and regional DHB Māori health and disability workforce strategies and plans
- government priorities and Ministry policy.

The Fund is to be used to provide prioritised training opportunities that are open to eligible employees of the Māori health and disability workforce. Training opportunities will be considered for workers across the following range of Māori health and disability service delivery settings:

- DHB/Ministry of Health funded Non-Government Organisations' health and disability services
- Iwi providers, primary health care, aged care (community, all levels of residential care facilities) and rural health care
- DHB provider arm healthcare (healthcare services provided by DHB hospitals and community based settings).

2.3 This specification EXCLUDES:

- all mental health and addictions training programmes and
- any person receiving similar funding from an alternative funding scheme or scholarship for the same programme of learning.

3.0 Training Programmes

3.1 *Training programmes will:*

- be accredited by the New Zealand Qualifications Authority (NZQA) or an Industry Training Organisation (ITO)
- lead to, upon successful completion by the trainee, a nationally accredited qualification at Levels 2 to 7 on the National Qualifications Framework
- be provided at certificate, diploma or graduate certificate level (excluding degrees) resulting in health and disability sector qualifications.

3.2 *Accessing level 7 funding:*

- a trainee's career pathway must clearly show progression from a lower level (2-6)
- funding at Level 7 is generally not available to trainees accessing the Fund for the first time but will be considered by HWNZ on a case by case basis.

3.3 *Health Workforce New Zealand (HWNZ) must be satisfied that training programmes are consistent with:*

- local and regional DHB Māori health and disability workforce strategies and plans
- He Korowai Oranga: Māori Health Strategy
- Raranga Tupuake: Māori Health Workforce Development Plan 2006.

4.0 Expected Outcomes

4.1 *Trainee outcomes:*

- Completion of the qualification(s)
- Improved education opportunities for trainees
- Improved opportunities to gain a formal educational qualification, through the conferring or awarding of a certificate, diploma or graduate certificate
- Acquisition of skills and knowledge including quality of health service delivery, to improve their understanding and application of culturally appropriate care in the provision of care to Māori consumers of health and disability services and their whānau.

4.2 *Client/service outcomes:*

Graduates of these training programmes will be able to:

- contribute to improved client and/or service outcomes by providing culturally competent care to Māori consumers of health and disability services, and in whānau support
- increase capacity and capability to meet the health and disability needs of their Māori service consumers and their whānau, through an increase in skill levels of the workforce at the local DHB level.

4.3 *National health outcomes for Māori:*

- Increased capacity in the Māori health and disability workforce at the local/regional DHB level will facilitate improvements in Māori health outcomes nationally.

5.0 Trainee Eligibility

District Health Boards will have a clear, written, equitable DHB and regional application and selection process for determining the trainees acceptable to HWNZ.

5.1 *To be eligible for funding, each trainee shall:*

- be currently employed by a DHB health and disability service, or by a health and disability service, Primary Health Organisation (PHO) or by a health and disability service that is funded by the DHB or the Ministry of Health
- have Māori whakapapa and/or proven cultural links with Te Ao Maori and Maori communities
- is approved and supported by the employer to undertake and complete the qualification(s)
- demonstrate a commitment to and/or competence in Māori health and/or disability studies
- be a New Zealand citizen or hold New Zealand permanent resident status conferred by the New Zealand Immigration Service
- meet the entry criteria required by the training provider.

5.2 *Trainees are NOT eligible for funding if:*

- they receive scholarships or other funding from the Ministry of Health that covers any of the same components of this specification
- they are employed in mental health and addictions services (for which separate funding exists).

5.3 *Part time study:*

- will be funded on a pro-rata basis, where the trainee meets all other eligibility criteria. The minimum employment full time equivalent (FTE) of trainees is 0.25.

6.0 Funding Components

Funding will be provided at levels specified in each DHB's contract on the basis of trainees actually funded. Funds are only accessible once the details of trainees undertaking training programmes are reported to HWNZ (see Reporting, clause 7 below).

Funds must be spent on the following components:

6.1 *DHB coordination of funding*

The Ministry requires the management responsibility for the Fund to be with the General Manager or Director Māori Health or designated role responsible for Māori workforce outcomes within each DHB.

A designated DHB Programme Coordinator (Coordinator) will be responsible for coordination of the funding and training that occurs as described in this specification reporting to the manager.

The Coordinator will inform HWNZ annually of the details of the training categories and levels they wish to purchase from the total funds available for each DHB.

The Coordination funding will not exceed 12.5% of the contract value.

The Coordinator will be responsible for ensuring that:

- local DHB Māori health and disability workforce training needs have been clearly identified
- suitable networks and stakeholder relationships are built and maintained to raise the profile of the fund, in order to assist meeting training needs
- eligible trainees are identified and are made aware of the Fund through adequate promotion and advertising
- each trainee has a career plan in place
- each trainee is supported to access resources to assist with their training programme
- training programmes meet accreditation and approval requirements by NZQA, ITO or other relevant agency
- eligible trainees from Non-Government Organisations have equal access to funding as DHB employees
- the DHB engages key stakeholders in the funding and training process, including training providers and other DHBs as relevant for the provision of training on a regional basis
- a fair and transparent, written DHB wide trainee selection process is implemented
- funding received through the Fund for tuition, programme cost, travel and accommodation is appropriately managed and accounted for, and is paid to trainees or providers on the basis of proven expense
- quality improvement and evaluation processes occur
- reports required under the DHB's contract are provided in the timeframe required
- records are suitably kept for audit purposes.
- trainees are not concurrent recipients of scholarships or other funding from the Ministry of Health that covers any of the same components as this specification.
- there are established linkages with:
 - local iwi
 - Māori health and disability services
 - Primary Health Organisations
 - Māori health and disability workforce organisations
 - Other DHBs, particularly within the same region.

6.2 Tuition fees/programme funding

Tuition fees are the actual costs of the fees that are charged by the training provider for the trainee to attend the programme of study. This does not include the costs covered by the funding that the training provider will receive from the Tertiary Education Commission.

The Ministry of Health will pay the actual cost of the training programme, up to the maximum price per unit. The actual cost must not exceed the maximum price per unit, unless HWNZ specifically agrees on a case by case basis. In any event, all training costs must fall within the DHB's overall funding envelope under the contract.

6.3 Backfill

Backfill is the reasonable and actual cost (per hour) of replacing the trainee while the trainee attends the compulsory aspects of their training programme during the trainee's working hours. These costs do not include organisation overheads.

6.4 Māori support

Māori support funding applies to actual and reasonable costs associated with mentoring, cultural supervision, competence and Te Reo Māori development activities.

The Provider must negotiate and agree a Support Plan with the mentor, cultural supervisor and Māori trainee.

Mentoring

An appropriately qualified and experienced person must be appointed who facilitates learning, supervises and assesses trainees continually so that the trainee achieves their outcomes at the end of the programme. Mentors motivate and encourage trainees to continue their education. Mentoring may take place on a one to one basis or as part of a group, dependent upon the trainee's needs.

Cultural supervision

An appropriately qualified and experienced person must be appointed who facilitates a process that explores and reconciles clinical and cultural issues with trainees and provides appropriate management strategies, skills and confidence for trainees to retain their cultural identity and integrity as Māori.

Cultural supervision is about both cultural accountability and cultural development. It is essential to ensure that the aspirations of all cultures are respected and explored within the relationship and that services are delivered through culturally responsive, effective and acceptable practices.

Cultural supervision can be utilised either locally or regionally, individually or as part of a group.

Payment for Māori support:

Maori Support funding is up to a maximum of \$2,000 per trainee. Funding is applied on a pro-rata basis for part time study.

6.5 Travel and accommodation

The travel subsidy is for actual trainee costs, for trainees who are required to travel further than 50kms by road one way from the usual place of work to the agreed training programme location. The Ministry of Health will pay up to a maximum of \$2000 per trainee per annum.

The accommodation subsidy is for actual trainee costs for accommodation required at the agreed training programme location. The Ministry of Health will pay up to a maximum of \$100.00 per night.

In cases of hardship, exceptions can be made on a case by case basis if required, with any exceptions being reported to HWNZ under clause 7.

6.6 *Course related resources*

Course related resources are for actual costs up to a maximum of \$300.00 per trainee. Such costs are to be separately identified in funding records.

7.0 Reporting

In the event that a trainee is employed outside a DHB, the DHB will be responsible for ensuring that the host employer provides all the necessary information to the DHB to enable the DHB to meet its reporting obligations to HWNZ.

In addition to reporting required under each DHB's contract, all DHBs will report annually by 30 November on the following:

- barriers to uptake of training and steps taken to mitigate them
- completion and success rates of training
- trainee feedback on improvements in their work experience arising from training
- any hardship exceptions granted under clause 6.5
- evidence of cultural links for trainees who do not have whakapapa under clause 5.1
- any other matters which may be relevant.

This report should be sent to hwnzreports@moh.govt.nz.