Te Rau Matatini

Profiling the Māori Health Workforce

2017

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Introduction

Capable and competent Māori health workers are pivotal to providing appropriate care to Māori and their whānau, and providing mainstream organisations with examples of innovative best practice models for reaching and providing for Māori and their whānau (Baker, 2017; Ministry of Health, 2005). Māori health workforce development operates at the intersection between health policy, Māori health care trends, and wider government social and economic policies. To improve sound Māori health planning, increasing the capacity of Māori to plan ahead in a comprehensive manner is essential. Further, Māori need to be actively leading the process, or the focus will remain on sectors or areas outside of Māori frameworks and control (Maxwell-Crawford, 2011).

To this end, accurate and timely data is extremely important to support informed decisions. Comprehensive Māori-led research published in 2007, *Rauringa Raupa: Recruitment and Retention of Māori in the Health and Disability Workforce* (Ratima et al., 2007) highlighted that for accurate reporting on the number of Māori in health and disability occupational groups or training at tertiary institutions it is important that ethnicity data collected by the various sources are accurate, comprehensive, consistent and continuously recorded and updated. Further a key recommendation of that study was to improve the quality and scope of Māori health and disability workforce data collection, management and reporting and strengthen Māori health and disability workforce research in order to inform decision-making and action.

Although data intelligence issues have been well documented (Ratima et al., 2007; see also Ministry of Health, 2006), as recently as 2014 Health Workforce New Zealand (Ministry of Health, 2014b) identified that inaccurate and unreliable data collections are still an issue across the health and disability sector. Issues include data that is summarised, inconsistent, out-of-date or collected ad hoc. It is noted that data for the aged care and non-regulated workforces are particulary scarce.

With these issues identifed, a review of current literature was undertaken to understand what data is currently available regarding the Māori health and disability workforce. This report describes the data sources and uses the information to provide a brief current profile of the Māori health and disability workforce. Gaps are identified and recommendations have been provided in light of the literature review findings.

Māori Health Workforce

Currently there is no single centralised record of specific Māori health workforce data (Ministry of Health, 2016; Reanga Consultancy New Zealand Ltd, 2012). For this reason a range of current data sources were investigated for their potential in contributing to a profile of the Māori health workforce.

Sources of Data

In 2013, Health Workforce New Zealand committed to undertaking annual reports on the state of New Zealand's health and disability workforce. *Health of the Health Workforce 2015* (Ministry of Health, 2016) is the second such and most recent report that has been published. Unfortunately, excluding nursing data, the data included in these reports are not specific to ethnicity and as such give no gauge of the status of the Māori health and disability workforce.

Central Region's Technical Advisory Services Limited (TAS) is a multi-parent subsidiary of the six District Health Boards (DHBs) of the Central Region[1]. TAS was set up by the Central Region DHBs in June 2001 as a joint venture company under equal joint ownership. DHB Shared Services (DHBSS) integrated with TAS in 2011 creating a combined national and regional service. TAS provides support and services not only to its six shareholders but also to all 20 DHBs. The Health Workforce Information Programme is a well established programme from TAS that has been capturing and reporting credible and timely DHB employee demographic data since 2006. Published by TAS every quarter, the District Health Board Employed Workforce Quarterly Reports provide base information on DHB employees for the reporting period and describes timely updates regarding the composition of the DHB workforce. Ethnicity is also included in their reporting. The current published report for the quarter ending June 2017 reports unknown ethnicity for only 7.6 percent of the total DHB workforce and as such is an excellent resource for profiling the Māori DHB workforce (Central TAS, 2017; see Table 4).

There are currently 16 health professional regulatory bodies which operate under the the Health Practitioners Competence Assurance (HPCA) Act 2003 in New Zealand. As part of their annual registration processes these regulatory bodies collect data in relation to their workforce (see the websites of the Medical Council of New Zealand[2] and the Nursing Council of New Zealand[3] for examples). These information sources are relied upon for their current data during health workforce analysis and because this information is collected annually it is a centralised source for monitoring the regulated workforce. The timeliness and content in which each authority reports their data however is particular to each profession. The most recent publications in some cases are not ethnic specific or are out-of-date, particularly for the professions that have smaller workforces. These issues lead to unclear intelligence in regard to the current Māori regulated health workforce composition.

The social work workforce, who may also practice in the health and disability sector, are semi-regulated. The Social Workers Registration Act 2003 applies a voluntary registration framework, where social workers may apply to become Registered Social Workers and similar to the regulated health workforce are required to obtain annual practicing certificates. However, it is not a requirement for all practitioners to be registered and as such it is not a reliable source for workforce data.

Although not required under legislation many of the unregulated professions have professional associations to which their workforce subscribe. Examples include DAPAANZ, a membership association representing the professional interests of practitioners working in addiction treatment[4] and the New Zealand Association of Counsellors which acts for and with counsellors to monitor and improve the service they provide[5]. There are many such associations that encompass those working within the health and disability workforce to provide support, professional development, and best practice guidelines. As these memberships are not mandatory they would not be an accurate source for workforce data but may provide beneficial information specific to their members nonetheless.

[1] The Central Region DHBs are: Capital & Coast, Hutt Valley, Wairarapa, MidCentral, Whanganui and Hawke's Bay
[2] https://www.mcnz.org.nz
[3] http://www.nursingcouncil.org.nz
[4] http://www.dapaanz.org.nz
[5] http://www.nzac.org.nz

Statistics New Zealand[6] also produce regular reports in relation to the overall national workforce as part of their Labour Market Statistics which include reporting by ethnic group. Further, Statistics New Zealand have a dedicated area on their website with a specific focus to statistics relevant to Māori[7]. Both of these information sources are helpful for indirect Māori health workforce analysis.

Overview of the Māori Health Workforce

Using the the latest data sources from Health Workforce New Zealand, TAS, Statistics New Zealand, with reference to the health professional regulatory bodies, Tables 1 – 7 were determined to provide an overview and comparison of the Māori health workforce.

As a general overview Tables 1 – 7 show that Māori are still under-represented in the New Zealand health workforce particulary in the professional occupations:

- Māori currently account for 15% (723,500) of the New Zealand population.
- Māori account for 8.5% (13,589) of the total health workforce, with 66% (8,997) of the Māori workforce working in the Non-Government Organisation (NGO) sector.
- The majority of Māori are in the unregulated health workforce (71%; 9,696).
- Māori make up 3% (3,893) of the total regulated health workforce. This is particulary significant when it is considered that the regulated workforce in general account for more than half (60%) of the total health workforce.
- Currently, 6.6% (4,592) of the DHB workforce are Māori.

Table 1: New Zealand national and Māori population

	Estimated New Zealand population figures
Total population	4,793,000
Māori population	723,500 (15%)

Sourced from 'National Population Estimates: At 30 June 2017' and 'Māori Population Estimates: Mean year ended 31 December 1991-2016' (Statistics New Zealand, 2017b, 2017c).

Table 2: New Zealand national and Māori working population and labour force

	Total	**% of total population**	**% of Māori population**
Working age population	3,801,000	80%	—
Labour force population	2,663,000	56%	—
Maori working age population	488,900	10%	68%
Maori labour force population	331,700 (12% of total labour force)	7%	46%

Sourced from the 'Household Labour Force Survey tables for June 2017 quarter' (Statistics New Zealand 2017a). Working population is defined as the population aged 15-65 years. The labour force is defined as the population who are able to work.

[6] http://www.stats.govt.nz

[7] http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori.aspx

Table 3: Total national health workforce

	Total health workforce	% of population	% of labour force
Regulated workforce	97,786*	2.1%	3.7%
Non-regulated workforce	62,910^	1.3%	2.4%
Total	**160,696**	**3.4%**	**6.1%**

**Based on annual practising certificate data for all regulated professions (Ministry of Health, 2016).*
^ Twaddle and Khan, 2014.

Table 4: Māori DHB Workforce by occupational group

Occupation group	Māori		Total
Nursing	1,423	5.3%	26,613
Corporate and other	1,225	8.9%	13,810
Allied and scientific	536	4.7%	11,445
Care and support	1,112	15.2%	7,298
Senior Medical	81	1.6%	5,108
Junior Medical	135	3.4%	3,960
Midwifery	81	5.8%	1,386
Grand Total	**4,592**	**6.6%**	**69,620**

Sourced from 'District Health Board Employed Workforce Quarterly Report: 1 April To 30 June 2017' (Central TAS, 2017).

Table 5: Māori unregulated health workforce by occupational group

Occupation	Māori		Total
Professionals	2,016	22%	9,132
Technicians	186	6%	3,357
Support workers	1,593	17%	9,189
Carers	5,901	14%	41,232
Grand total	**9,696**	**15%**	**62,910**

Sourced from 'Health and Disability Kaiawhina Worker Workforce 2013 Profile' (Twaddle & Khan, 2014).

Table 6: Māori health workforce

	Māori Health Workforce[a]	% of population	% of labour force	% of Māori population	% of Māori labour force
Regulated workforce	3,893*	0.08%	0.15%	0.54%	1.17%
Non-regulated workforce	9,696^	0.21%	0.37%	1.34%	2.92%
Total	**13,589**	**0.29%**	**0.51%**	**1.88%**	**4.09%**

[a] Māori health workforce as per most recent published data.
^ Twaddle and Khan (2014).
** Ministry of Health (2011a) - very dated, this is the most recent collated report on the total Māori regulated health workforce.*

Table 7: Estimated sector distribution of Māori health workforce

Sector	Māori - Estimated figures[a]	National - Estimated figures[a]	Māori % of total
DHB	4,592 (34%)	69,620[c] (43%)	6.6%
NGO[b]	8,997 (66%)	91,076 (54%)	9.9%
Total	**13,589**	**160,696**	**8.5%**

[a] Te Rau Matatini calculations as per reviewed literature within this report. [b] Calculated from totals minus DHB data. [c] Sourced from 'District Health Board Employed Workforce Quarterly Report: 1 April To 30 June 2017' (Central TAS, 2017).

Data Limitations

The data are limited to the way they are orginally collected for their intended purpose, further the information comes from a range of sources that do not have consistent collection methods. In some cases the information is out of date and inaccurate. Although, as shown, indicative information can be determined; the information collated is not ideal or appropriate for high quality inference and planning.

Māori Unregulated Workforce

The unregulated workforce are health workers that are not regulated by the HPCA Act (2003) and includes health-related corporate and administrative roles, the unregulated allied workforce, and care and support workers. The Ministry of Health's *The Health of the Health Workforce 201*5 (Ministry of Health, 2016) does include a small section addressing the unregulated workforce which notes that workforce data is particularly scarce for this group.

Careerforce commissioned Business and Economic Research Limited (BERL[8]; a privately-owned company in Wellington, New Zealand that provide economic research, analysis, advice and consultancy) to undertake an analysis of the official statistics of the most recent 2013 Census to profile the unregulated health and disability workforce. This resulted in the *Health and Disability Kaiawhina Worker Workforce 2013 Profile* (Twaddle & Khan, 2014). Although limited by the nature of the Census data collection methods (see *Health and Disability Kaiawhina Worker Workforce 2013 Profile* for futher detail) the report highlights that Māori make up 15 percent (9,696 workers, see Table 5) of this profiled workforce. The occupations profiled in the report are listed in the following table and are encompassing of the Careerforce's coverage area:

Table 8: Occupations profiled by the Health and Disability Kaiawhina Worker Workforce 2013 Profile

Professionals
Health Promotion Officer
Traditional Māori Health Practitioner
Drug and Alcohol Counsellor
Rehabilitation Counsellor
Counsellors

[8] http://www.berl.co.nz/

Welfare Worker
Technicians
Cardiac Technician
Medical Laboratory Technician and
Operating Theatre Technician
Phlebotomist
Medical Technicians
Support Workers
Dental Technician
Diversional Therapist
Kaiāwhina (Hauora) (Māori Health Assistant)
Community Worker
Disabilities Services Officer
Family Support Worker
Residential Care Officer
Carers
Aged or Disabled Carer
Dental Assistant
Hospital Orderly
Nursing Support Worker
Personal Care Assistant
Therapy Aide
Child or Youth Residential Care Assistant

Occupations profiled in the 'Health and Disability Kaiawhina Worker Workforce 2013 Profile' (Twaddle and Khan, 2014).

Statistics New Zealand uses the Australian and New Zealand Standard Classification of Occupations to classify occupations (the same classification was used by *Health and Disability Kaiawhina Worker Workforce 2013 Profile*). A review of the classifications shows that there are few unregulated workforce occupations outside of the scope of Careerforce, these exceptions mainly fall into the areas of allied health and management, alternative health, and nutrition and exercise. As a one of its kind report, the lack of published data regarding the unregulated workforce is problematic especially with 70% of the Māori health workforce working in the unregulated workforce field. Data intelligence in this area is particulary important and sourcing such information from Census data means the information is out of date and specific to the methods of the Census itself. Processes to accurately identify and record Māori unregulated workforce infomation is a priority to enable more complete, accurate, and timely data.

Whānau Ora

Whānau Ora, led Te Puni Kokiri (Ministy of Māori Development), is a key cross-government work programme jointly implemented by the Ministry of Health, and the Ministry of Social Development. There are three Whānau Ora Commissioning agencies contracted by the government to support Whānau Ora outcomes:

1. Te Pou Matakana
2. Te Pūtahitanga
3. Pasifika Futures

Whānau Ora navigators are practitioners who work with whānau and families to identify their needs and aspirations, support their participation in education, primary health and employment, and link and coordinate access to specialist services. Once whānau are past immediate crisis, Whānau Ora navigators also work with whānau to build their capability to be self-managing in a range of areas. Latest information from Te Puni Kokiri[9] highlights that there are approxiamately 230 Whānau Ora Navigators nationwide and that 11,500 whānau have so far engaged with the three commissioning agencies to acheive positive Whānau Ora outcomes (Te Puni Kokiri, 2017).

Implications of Unregulated Workforce for Māori

The Māori health workforce are not restricted to convential health service settings. They are within communities operating in diverse and complex roles. Indeed, Health Workforce New Zealand (Ministry of Health, 2014b) proposed the training and recruitment of more health professionals with generic skills. They proposed that this would increase the workforce's flexibility and support the increasing shift towards primary and community-based models of care and integration between institutional and community settings. The unregulated workforce are primed to fulfill these needs.

Data from the *Health and Disability Kaiawhina Worker Workforce 2013 Profile* (Twaddle & Khan, 2014; see Table 7) showed that the highest proportion of Māori (22%) were working in professional roles (Health Promotion Officer, Traditional Māori Health Practitioner, Drug and Alcohol Counsellor, Rehabilitation Counsellor, Counsellor, and Welfare Worker) with the lowest proportion in technical roles (Cardiac Technician, Medical Laboratory Technician, Operating Theatre Technician, Phlebotomist, Medical Technicians). This information indicates more Māori are within roles that can respond to complex and flexible service requirements.

The Whānau Ora initiatives show that whānau are benefitting from cross-sector approaches which further supports the requirement for engagement from professionals that are able to provide service for a range of health and wellbeing requirements.

Health Workforce New Zealand (2017) identifies that currently, Health Workforce New Zealand allocates $180 million to clinical training, the majority of this amount ($127 million) is allocated to DHBs. The contracts cover training for medical, nursing, midwifery, dental, allied health and scientific, mental health, disability support services, Māori and Pacific health and the kaiāwhina workforce. Further they indicate they are reviewing the current model for funding workforce training to ensure that the workforce will meet the future needs of the healthcare system.

With the majority the Māori health workforce in the NGO sector and within the unregulated workforce, data intelligence needs to be guiding the distribution of these funds for where they are needed most to develop the capacity of the Māori health workforce.

In Summary

- 71% of the Māori health workforce work within the unregulated workforce (9,696).
- Māori make up 15% of the national unregulated workforce.
- No data is directly collected regarding the unregulated workforce across the entirety of the health and disability sector.

[9] https://tpk.govt.nz/en/whakamahia/whanau-ora/about-whanau-ora/

- As health service models move increasingly toward reliance on the unregulated workforce, data intelligence in this area is of high priority.

Māori Mental Health Workforce

The Ministry of Health's (2017) *Mental Health and Addiction Workforce Action Plan 2017 – 2021* priotises using data to better understand workforce development needs and the importance of aligning the workforce with the model of care. Highlighted within the plan is having stronger emphasis on the primary and community care workforce, including the support worker workforce, navigator and coordinator roles, peer and consumer roles and family - and whānau - focused roles.

The Werry Workforce – Whāraurau (previously known as The Werry Centre) has published a biennial stocktake since 2004 which includes workforce data from all DHB and DHB-funded NGOs, including mainstream and kaupapa Māori services, that contribute to the treatment of children and adolescents with mental health and alcohol and drug problems. The information collected is intended to assist the Ministry of Health, DHBs and NGOs, national, regional and local planners and funders and service leaders to assess current capacity and accurately plan for future service workforce development. The *2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand* (Werry Workforce – Whāraurau, 2017) includes findings specific to the Māori mental health workforce working with the 0 -19 years age group. A total of 105/106 organisations were included in the 2016 stocktake along with all 20 DHBs (response rate of 99%). A summary of overall findings applicable to the Māori health workforce are discussed below and are described in Tables 9-11.

Undertaken in 2014, *More Than Numbers* (Te Pou o Te Whakaaro Nui, 2015) was a survey of the secondary adult (20 – 64 years) mental health and addiction services that were funded by Vote Health. The survey was carried out by Te Pou o te Whakaaronui and Matua Raki in 2014 and was designed so that it could be read seamlessly alongside the data collated in the Werry Centre Stocktakes. A total of 251 organisations were included in the survey with a response rate of 75% (189 organisations). The *Māori Adult Mental Health and Addiction Workforce Report* (Te Pou o Te Whakaaro Nui, 2016) profiles the status of the Māori adult mental health and addiction workforce at the time of the survey. It is noted that limitations of the survey has resulted in under-reporting of the actual number of Māori in the adult mental health and addiction workforce.

More recently Te Pou o Te Whakaaro Nui has worked with the Health Workforce Information Programme to produce *DHB Mental Health and Addiction Employees: 2016 Profile* (Te Pou o Te Whakaaro Nui, 2017). The 2016 profile report summarises demographic and service information for nearly 7,600 DHB mental health and addiction employees. It covers most of the employees in DHB mental health and addiction services (including CAMHS, adult and older adult services), as well as some mental health and addiction specialists in other DHB services. New reports will be published annually to provide useful information to support DHB workforce planning and development. The profile is inclusive of ethinicity data and shows that Māori make up 9 percent of the DHB mental health and addiction employees. The profile indicates that in relation to consumers seen by DHB Mental health and addiction services in the year ended 30 June 2016, employees were under–represented

(9% of employees compared to 24% of consumers). Te Pou o Te Whakaaro Nui (2017) note that no similar data sources are available for the NGO sector.

Summary of Findings for Māori Mental Health Workforce

Combining both the Werry Workforce - Whāraurau and Te Pou o te Whakaaronui data it was found that:

- Māori make-up about 18% of the total mental health workforce.
- The Māori mental health workforce make-up approxiamately 11% of the total Māori health workforce.
- For adult mental health the majority of the workforce are in non-clinical roles.
- For infant, child and adolescent mental health the majority of the workforce are in clinical roles.
- Māori make up 9% of the DHB mental health and addiction employees.
- The greater proportion of the Māori mental health workforce are in the NGO sector.

This information can be seen in more detail in Tables 9 – 11. Again, although the aforementioned data provide a guide for Māori workforce intelligence, the surveys used to collect this information are not designed to solely capture data relevant to Māori workforce development and as such there are signficant gaps in the available data. Table 9 shows the total full time equaivalents (FTEs) of the mental health and addiction workforce by service type. This data does not include elderly care, the workforce working with those over the age of 65. The total Māori mental health workforce as determined by the most recent Te Pou, Matua Raki and Werry Workforce publications is shown in Table 10. Data is limited to those services that reported ethnicity data and also compares FTE count versus headcount. As such these figures should only be used as an indication of the Māori mental health workforce.

Table 9: National mental health workforce

	Werry Workforce	Te Pou	Total
DHB	1,121	5,657	6,778
NGO	489	3,852	4,341
Total	**1,610**	**9,509**	**11,119**

Sourced from '2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand' and 'More Than Numbers: Adult Mental Health and Addication Workforce 2014 Survey of Vote Health Funded Services' (The Werry Workforce - Whāraurau, 2017; Te Pou, 2015).

Table 10: Māori mental health workforce

	Māori Workforce	Total Workforce
Werry Workforce	354[10] (18%)	1,954
Te Pou	1,223[11] (19%)	6,329[12]
Grand Total	**1,577 (19%)**	**8,283**

Sourced from '2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand' and 'More Than Numbers: Māori Adult Mental Health and Addication Workforce 2014 Survey of Vote Health Funded Services' (The Werry Workforce, 2017; Te Pou, 2016). Note the percentages shown will differ from the totals in Table 9 due to the survey responses to ethnicity.

[10] Werry Workforce used headcount value

[11] Te Pou and Matua Raki used FTEs for these calculations

[12] Total workforce that identified ethnicity

*Table 11: Māori mental health representation**

	Estimated figures	% of population	% of labour force	% of Māori population	% of Māori labour force	% of Māori health workforce
Māori mental health workforce	1,577[13]	0.03%	0.06%	0.22%	0.48%	11.28%

These percentages will be under-represented due to the nature of the data source of the Māori mental health workforce.

Māori Workforce Intelligence

As highlighted earlier in this report, recent health workforce planning literature consistently emphasise the need for high quality information that is relevant, timely and accurate.

Raranga Tupuake Māori Health Workforce Development Plan 2006 (Ministry of Health, 2006) identified some key strategies to increase the number of Māori working in the health and disability sector which included the improvement of data collection of the Māori health workforce. Ten years on, this report highlights that Māori workforce data is still scarce.

Whakapuāwaitia Ngāi Māori 2030 Thriving as Māori 2030 (Reanga Consultancy New Zealand Ltd, 2012) was one of 13 forecasts that were commissioned by Health Workforce New Zealand to build a picture of the future health workforce. Their forecast focused on how to deliver health equality for Māori with a workforce that demonstrates cultural competence, ensuring that clinical and cultural competencies are well integrated. One of the approaches to Māori health identified by Reanga Consutlancy was to improve sound Māori health and disability planning that is Māori-led and delivered through the use of Māori specific audit and outcome measure tools. Establishing one single dataset and repository for collecting and reporting workforce information nationally was an identified recommendation to supporting this target.

He Korowai Oranga: Māori Health Strategy (Ministry of Health, 2014) sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori. Originally published in 2002 the refreshed framework (Figure 1) has been strengthened by core components. One of the identified core components is Knowledge. The component of Knowledge recognises that high-quality health information is pivotal to the delivery of effective health and disability services.

[13] As per published '2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand' and 'More Than Numbers: Māori Adult Mental Health and Addication Workforce 2014 Survey of Vote Health Funded Services'. Limited due to the nature of the survey.

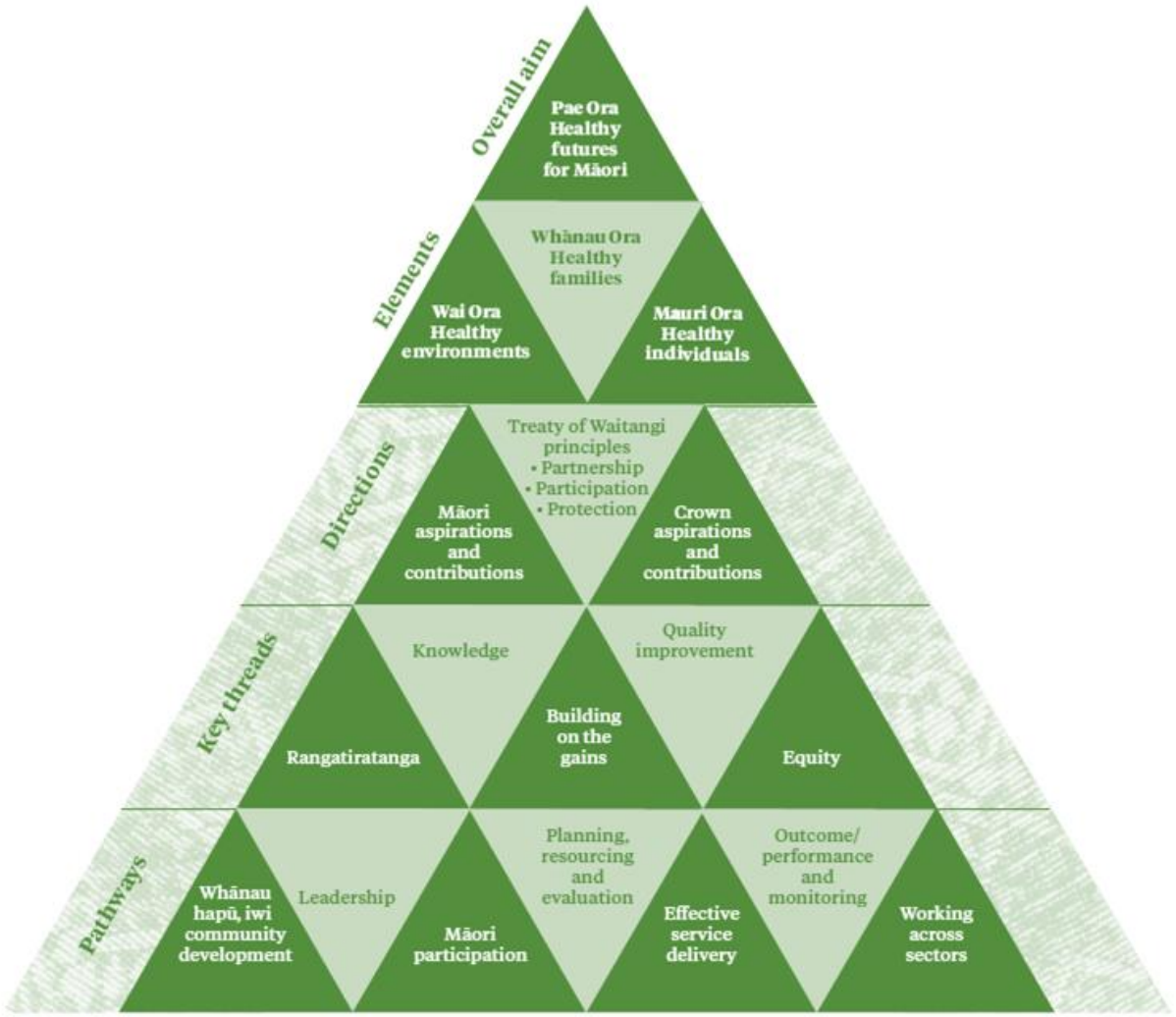

Figure 1: He Korowai Oranga framework (see https://www.health.govt.nz)

AIM	
To improve Maori public health workforce data and information to support building Maori workforce capacity.	
OBJECTIVES	
1. Monitor strategies and maximise opportunities to increase the number of Maori working in public health.	
ACTIONS	**TARGETS**
1. Utilise existing Ministry of Health mechanisms that monitor the data collection and analysis of Maori working in the health and disability sector.	1.1 Regular and ongoing collection and reporting of relevant Maori public health workforce information and data.

Figure 2: Key Priority Area 8 as taken directly from Te Uru Kahikatea Māori Workplan 2011-2017 (p. 10)

Te Uru Kahikatea Māori Workplan 2011-2017 acknowledges the importance of data with Māori public health workforce intelligence as a Key Priority Area within this most recent workplan (Figure 2; Ministry of Health, 2011b). This includes a specific target of regular and ongoing collection and reporting of relevant Māori public health workforce information and data.

The *Mental Health and Addiction Workforce Action Plan 2017 – 2021* (Ministry of Health, 2017) also have a dedicated action to use workforce data to provide a "workforce that is the right size and skill mix". The unregulated workforce (where the majority proportion of Māori health workforce are working) is an area that is being identified for particular attention. Figure 3 below is an excerpt from the *Mental Health and Addiction Workforce Action Plan 2017 – 2021* showing actions relevant to Māori workforce intelligence.

Action 4.1	**Use workforce data to understand the current and future size and skill mix of the workforce.**
1–2 years	• Match the workforce more closely to current and future needs by using dynamic modelling to provide regular insights on the current state and future projections. • Monitor areas of concern and use data to determine the success of different approaches, including ethnicity data to monitor equity. • Gather data to understand the role of different professional groups and how specialist, primary and community workforces – including allied health, peer and community support staff, enrolled nurses and wider general practice teams – complement each other. • Investigate methods to increase available data on the kaiāwhina workforce. • Investigate, identify and develop measures of workforce wellness.
2–4 years	• Use improved data on the kaiāwhina workforce to understand its current state and future projections. • Use data to inform planning and to revise and adapt workforce development initiatives, including designing the right roles. • Implement measures of workforce wellness.
Action 4.2	**Grow and develop the Māori workforce.**
1–2 years	• Prioritise Māori recruitment to and retention in clinical and non-clinical roles and implement strategies to address this priority. • Contribute to achieving the Māori workforce objective 2.3 of *He Korowai Oranga* – 'to increase the number and improve the skills of the Māori health and disability workforce' – in relation to mental health and addiction.
3–4 years	• Contribute to the Māori workforce goals (*Raranga Tupuake: Māori Workforce Plan 2006*, Ministry of Health 2006) of investing in Māori students, expanding the skill base and providing equitable access for Māori to training opportunities in relation to mental health and addiction.

Figure 3: Table excerpt from Mental Health and Addiction Workforce Action Plan 2017 – 2021 relevant to Māori Workforce intelligence (p. 37)

Identified Limitations of the Current Māori Health Workforce Data

The overview of the data within this report has been collated using the most recent published data at the time of writing. All data sources have been identified. As highlighted above the timeliness and limitations of the available data only allow for a limited picture of the overall Māori health workforce and these figures can only be taken as a guide. As such, this current profile is the best that can be sourced from current literature but by no means gives an accurate account. Of particular note is the

lack of data collection in the NGO sector where the majority (66%) of the Māori health workforce are working. Key limitatons of the current Māori health and disability workforce include:

1. No centralised collection of data or reporting.
2. Under-reporting of Māori workforce due to missing ethnicity data.
3. Lack of publicised ethnicity specific data.
4. Lack of centralised data collection methods within the NGO sector.

Recommendation

It is recommended that Te Rau Matatini work with the Ministry of Health and other relevant organisations to lead and implement a centralised process that collects timely and accurate Māori health workforce data where readily available. Also work to scope and develop data collection tools in the NGO sector where it is not currently readily accessible. Included in this brief should be the development of definitions to clearly scope roles and occupations that contribute to the Māori health and disability workforce, particulary as health services move toward an increasingly community setting focus.

To work to ensure that this information is publically available on an annual basis and once accurate and timely data is available, Te Rau Matatini would proceed to investigate options for statistical modelling and projections for Māori health and disability workforce future planning.

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