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Pacific Health Workforce

Voices from the field

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This report is a companion to the Pacific Health Workforce Forecast. It presents a snapshot of the experiences of a small sample of Pacific people involved in the development of the Pacific health workforce.

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On 1 July 2022 the responsibility for health workforce development was transferred to Te Whatu Ora - Health New Zealand. The recommendations of the Pacific health workforce forecast will be reviewed and led by Te Whatu Ora Pacific Health Group.

Every effort has been made to provide accurate and factual content. The authors, however, cannot accept responsibility for any inadvertent errors or omissions that may have occurred.

Practice stories

Four practice stories based on talanoa interviews are provided, reflecting workforce development initiatives for Pacific along the workforce pipeline.

The initiatives are:

- Health Science Academies- the start of the pipeline;
- Vision 20:20 - overcoming barriers for Pacific in university;
- Increasing the numbers of Pacific midwives – translating policy; and
- Le Va – supporting the mental health and addiction workforce.

The practice stories highlight the overall themes from the interviews about the constraints in growing the pipeline of potential Pacific health workers and in developing the Pacific health workforce generally.

The Start of the Pipeline: Health Science Academies

A theme to come through the interviews was the importance of the pipeline and the need to attract young people. While many of those in the Pacific Health Workforce come in as mature adults, attracting those from school is key to growth. This is reliant on four factors: firstly, funding initiatives that support this; secondly, students having access to and being afforded the opportunity to participate in science, technology, engineering and mathematics (STEM) while at school; thirdly, students knowing about roles and jobs in the health sector that these subjects allow entry to – this means careers’ advisors needing to have and share information in schools; and finally, families having the information and tools to support their young people into roles in the health sector.

I think when we're looking at all of our initiatives, there's not a lot of investment at the front end of the pipeline. And there's certainly not a lot of investment in our youth, our young people. But what I would like to say is that we shift our focus, and we do put more investments and focus into our young people. And then we support them to be able to understand that they have opportunities, whether it's health or not health. But I would like to shift the focus to increase the opportunities to our young people to say, "Yes, you've got opportunities, here are the opportunities."

"The pipeline is too thin," so there is a need to get school students interested in STEM and this can start as early as primary school to get them thinking about the subjects they need to be thinking about at secondary school. In addition, this work is not just about school subjects, but getting Pacific students to recognise the contribution they have to make in terms of the cultural knowledge and values.

But many of our young people feel not necessarily a strong connection to those cultural values. There's a lot of building up that, again, lots of different providers do. So, I'm aware of a lot of the health workforce initiatives that we've done. I don't think they're targeted at the right space (MPP).

FOU Programmes

What is done?

The Health Science Academy (HSA) started around 2014. *"It started with three schools, quickly went to around six and then in Budget 19, we've got additional funding to expand that to 12 secondary schools."* The programme currently runs across 13 low decile schools in Auckland is an example of a programme that supports Pacific students to know about

health careers and potentially pursue these. The programme - *FOU Secondary* provides a range of activities - career exposure and videos, leadership base; and a camp for year 13 students. These are seen as “attraction” initiatives. To be eligible for the programme students must be taking two science subjects.

The purpose of the HSA (*FOU Secondary*) is to:

- increase the number of Pacific students who have an interest in a health-related career
- expose Pacific students to the many careers that health offers or can offer them
- get students to recognise the importance of STEM subjects and take them at school (for NCEA) while getting them to recognise that “*science is not only for the brainy kids*”

FOU Tertiary provides support for tertiary students as they look to transition from school to study, then from study into the workforce. *Tertiary Essentials* supports students to transition from school to university and involves working with careers’ advisors of schools in the HSA.

We run things like university expo. We run things like getting health professionals visiting - we call it career exposures, visiting the schools, telling them about their journey, but also the different health careers that they can go into. When we started the programme, there was a lot of students that all they knew about health being a doctor and a nurse. And that's a normal thing, for years now, through our community. We're actually trying to bust that myth ... especially for Year 13.

Widening the understanding of jobs in the health sector has been important for getting students to know what is available.

We put things in place to be like, "This is plan-A, be a doctor. Plan-B, if you love rugby or things like that, you can be a physio. Plan-C ..." So every Health Science Academy student that leaves our Health Science Academy, they have three different plans that they leave with if plan-A doesn't work out.

Alongside information about jobs there is also information about financing their study and budgeting.

The second package run in *FOU Tertiary* is support for students while they are studying and making them aware of the services that operate within education organisation to support students. Many Pacific students are unaware of the services and do not access them. “*For example, career development, employability. They have a whole department at university to do that.*”

The third package is the Employability Package with employability workshops to teach students about, for example, CVs, LinkedIn, and applying for jobs. Hiring managers are

invited to the workshops to run mock interviews with students. This has a dual benefit. Students get to practise their skills for interviews and hiring managers get to understand Pacific students better.

For example, just because our Pacific candidate that's sitting in front of them is not talking themselves up about what's on their CV, it doesn't mean that they don't know or they're not confident. We're just not used to talking up ourselves, we're humble people. There's no way I can tell you, "I'm the best at this." It's actually very hard to say that for a Pacific person, and that comes from our upbringing and things like that.

Once students are employed, they are assigned an employability mentor whose role is to help newly employed Pacific students to understand better and navigate their way through their first year of work.

Building relationships

While the programme is funded by the MoH, the programme manager who works out of Counties Manukau Health needs to build relationships across the system to support the *FOU* programmes. This means: working within Counties Manukau Health to report what is being done and the outcomes; with the Ministry of Education to select the schools; and the schools themselves from whom the interest has to come. It also means having connections into communities so there is family involvement.

The relationships with schools and tertiary institutions are key. Schools are funded to look after the academic achievement of students in the HSA programme and a personalised approach is taken with each of the schools because of their different ways of working. Working with tertiary institutions is more challenging. Like schools they are funded for academic achievement and it is difficult for them to see the 'value-add' of *FOU Tertiary*.

"Because we're not part of their course, for example, a Bachelor of Health Science, and we're like, "Hey, can we access your students? We'll run these workshops, and have these opportunities for mentors." And things like that. We do get pushback ...

The programme manager has had little success in setting up MoUs with tertiary providers, so needs to work with individual student groups

We are getting chucked all sort of different politics, different behaviours, attitudes and understandings, but at the end of the day, that's why I said to the team, "You know what? Let's just go to the student group. Go straight to them that are actually needing the help." Because the pushback has been very disheartening, because tertiary institutions like to think that they do everything, and they're amazing at everything that they do, which they do. But I don't see the workforce component being an [aspect of] their work.

Benefits of the HSA programme

While not all the students proceed to a health career, for example some go on to engineering or different degrees, nevertheless a pathway into a university degree improves family income levels.

From a household income perspective, ... once someone's got a degree, their household income increases by \$20,000. And that's still a win for us.

However, there is also the argument that it takes a longer time period in which to see the benefits, for example it takes three to six years of training to come out qualified for work in the health sector. The expectation to report on outcomes after a two-year period is unrealistic.

This work, or any work for this work, needs to be a long-term investment. It cannot be short-term investment, otherwise there's just no point. If you don't want to put a long-term investment in, don't waste your time putting in anything at all.

You know what? At the end of the day, our focus is on Pacific students, and we want them in our workforce, because we see the inequality, and the inequity that our patients face coming through those doors every day."

However, the joy in this work comes from what can be seen as the softer measures that come from anecdotes about the difference this programme is making for students and their families.

Challenges

The funding model is difficult. Firstly, the lack of surety in relation to funding.

"I find it really hard, or actually difficult. We went up until December of ending of our contract, and we were still unsure whether the work was going to continue."

However, there is currently a three-year contract which brings more surety. Secondly, the funding is insufficient for the numbers of schools who have expressed an interest in participating.

The demand for participation in the programme, "*which barely scratches the surface*" is beyond what there is sufficient to fund and does not always result in students moving into health. "*We wish that we can capture all of them and get them to study health, but they do change their mind.*"

In addition, the programme only runs in Auckland, and while this is where the majority of Pacific students live, interviewees thought there was the opportunity to roll the programme out on a smaller scale in other centres.

There is potential to expand beyond the health professions that can be promoted which have been limited to the seven priorities that have been set by the *NRA* - doctors, nurses, dieticians, oral health, physio, OT and midwifery. But more needs to be known about where there is a need for Pacific so the focus can be given to those areas.

Overcoming barriers for Pacific in university

Vision 20:20 was established in the mid-1990s with the idea that by 2020 Māori and Pacific health workers would make up 10 per cent of the health workforce. Two of the three components in the programme support Pacific students: the Māori and Pacific Admission Scheme (MAPAS) that provides academic and pastoral support; and Hikitia te Ora – Certificate in Health Sciences – a foundation programme that prepares Māori and Pacific students for tertiary study in health. The third component, Whakapiki Ake that engages with Māori students in secondary schools to promote health as a career along with entry into programmes at the Faculty of Medical Health and Science at The University of Auckland.

One of the challenges for Pacific is that Vision 20:20 sits within the Department of Māori Health and while, *“our strength has been probably in being together,”* the approaches are not always resonating with all the Pacific students even though there are quite a large number of Pacific staff.

However, there are arguments both for and against the question of splitting Māori and Pacific. It would be viable if there were more Pacific staff and a Pacific faculty, but it would possibly be a replication.

“What we really have to try and do is avoid that divide and rule between Māori and Pacific because we have a relationship that we can create ourselves as Māori and Pacific. That's through moana nui-a-kiwa. That's for our ancestral Whakapapa linkage. We can decide what our linkage is, and rather than acting as the indigenous versus another indigenous immigrant group, how can we relate to each other, and what's a manaaki whaka mana way, rather than being sort of played off by the Pākehā white institution stuff”.

Thought is being given to getting a similar Whakapiki Ake model for Pacific students, but it is not a matter of simply replicating this programme. Rather it is about designing a programme that is built for and suits Pacific Peoples. While the HSA programme already exists in 13 secondary schools in Auckland, *“We don't see the health academy students come to us, and we're the pinnacle of where they should be aiming for in terms of medicine ... medicine, ... pharmacy, optometry, some of these programmes you can't do anywhere else.”*

A barrier to this is that students in HSA programmes are required to take two science subjects but this is insufficient for getting students prepared for health studies at university.

“So you're probably delivering to polytechnic level, but if you're really aiming for medicine and those interventions, we would see them flooding in, and they would all be coming to us with the right subjects, and we're not”.

Getting into the schools and setting up the pipeline is important. Vision 20:20 works with students in years 12 and 13, often there are only one or two in a school or area. This involves working across the North Island and running regional hui to find a pool of 60-70 students. They then come into the university and form a cohort so they know others and feel supported when they enrol. Families are also involved and it is this approach that garners the most success.

“They're often the ones making the decisions, and probably even more so for Pacific students. I mean, that's a little bit stereotyped, but that sort of is how it plays out in my experience.”

MAPAS started as essentially quota programme that turned into a support programme when it was realised that students were not succeeding in university study. Getting Pacific students into university has not been an issue. But they are coming in with, *“lower grades ... lower grade point averages... so it is unethical to not provide additional academic support, additional pastoral support.”*

In a review of the process, while the whakapapa eligibility remained, other entry-level criteria were put in place. The application process was also changed to a mini-interview where consideration is given to career aspirations, whānau support and science subjects taken at school. There is also a maths and English test. Confirmation of a place on the programme is finally determined by NCEA Level 3 results.

Research was also conducted on the teaching process in the bridging programme, which showed the approach was creating a dependency on the teachers rather than growing the students as independent learners. The solution was to develop a learning community that included academic and pastoral support.

“So we put the focus on ourselves as the institution. The students didn't really change. They stayed the same ... We changed how we did our process ... boom, our numbers went up, Our success rates went up.”

Underpinning the pastoral support is the notion of care and protection, with the expectation of excellence in terms of achievement. However, there is also a desire for flexibility in the system that acknowledges Pacific students' financial situations and the role they have in contributing income to support families.

“So, we've got this tension between expecting excellence, ... but also reflecting their reality, and also wanting flexibility in the system, but not wanting it to the point that ...you're expecting some lesser than performance.”

While change needs to happen in the teaching space, indigenous leadership models are also needed within education organisations to ensure voices are heard and ways of working are Māori and Pacific led.

“Like what we have to do is constantly fight the changes in the university ... which keeps trying to white stream the brown jobs. ... Every time they do a restructure, they want to put Māori and Pacific support on general equity support staff, and it can't be that. It can never be that”.

The value in the MAPAS programme comes from seeing the students' achievement and also from knowing the benefit that flows on to families and communities.

“It's amazing, and it is about developing Māori and Pacific communities because they then... All the benefits of that grow into our communities, their leadership potential, their earning potential, the impact that they have just in their families, self-esteem, and everything like that is so huge to invest in”.

The burden of advocacy

Similar to the other stories what comes through here is the burden of advocacy that seems constant along with the workload carried by Pacific and Māori staff.

“It's taxing... So what tends to happen is you're a voice that has to be constant ... Because they're always coming from a Pākehā mindset, and they ... blame our students, particularly the Pacific students, who have probably quite significant pastoral issues”.

Advocacy also plays out in relation to the expectations Pākehā have around the achievement of MAPAS students. When MAPAS students do well this is spoken about in an 'othering' way. When students fail the responsibility is passed to MAPAS, rather than it being seen as a failure of the institution and its academic programmes. Along with this goes the fact that there is very little Pacific content in the curriculum. “*They're white institutions, really, so that's what we're dealing with*”.

Students do not always succeed in their first enrolment attempt or in their chosen field of study and it is hard to tell students that there might be other options available to them. Giving this advice comes “*from a place of aroha and love even though it's not necessarily what they want to hear*”.

Research shows that Pacific students will stay on in study even when they are not achieving and there are difficult conversations to have with these students.

A strong theme to come through in this story, as with the other stories, is while there is a need for leadership along with this goes the additional work required by Māori and Pacific staff working in the programme.

“... you need indigenous leadership on the right committees and the faculties, and what that means is that we're just so over-stretched because we have to be on the admissions committees. We have to be on all the curriculum committees. We're also teaching Māori health and doing our own research.

So, we've got this all external service load that's involved, not only in running an admissions' process, which is five days long in the middle of December, and another five days at least in January when most people are having a holiday and break”.

Translating policy: Increasing the numbers of Pacific midwives

While there are challenges in the system, translating policy and getting pipeline initiatives underway happens because of dedicated Pacific staff who are passionate about their field of health and even more passionate about getting Pacific Peoples into the health workforce and have a strong advocacy role in relation to this. This is driven by a “*sense of duty*” to take on responsibility at a leadership level – to see the vision and drive what happens from a Pacific perspective. The ability to do this is supported by the knowledge and skills of these Pacific staff have.

“And I completed my masters last year, Enablers for Undergraduate Pasifika Midwifery Students, and now for my sins, I've started my doctorate this year. - on how midwifery can better serve Pacific communities”.

Leadership happens when people work at the grassroots “*in the taro patch*”, with families and communities, in governance roles on national bodies, for example, the National Board for the New Zealand College of Midwives, the Midwifery Council, and Pasifika Midwives Aotearoa, and in education roles. At a national level involvement in various bodies allows for influence and input into national policy,

“I'm also working on another project through the Midwifery Council, the Aotearoa Midwifery Project where I'm the Pasifika representative on there. We're rewriting the scope of practice and various other aspects of the midwifery regulations, so that's a long project”.

Working in a university setting brings visibility to Pacific practice. In the case of midwifery it started as a result of a collaboration with the Counties Manukau DHB who funded a part time role at the university.

“And it wasn't a huge amount of money, it was 0.2, I think it worked out to something like \$30,000 a year. They got about \$60,000 out of me. But like you're saying, that's the stuff that drives you, doesn't it, to make things better.”

Increasing the number of Pasifika staff in the university has been important. But, there is a tension here in that they are being taken from the community to “*grow the next generation – you have to seed the pearls*”.

However, having around 10 staff who look like the students and have the same cultural values as the students they want to attract shows the sea change in academia that is required for now and in the future. Students feel they do not have to explain themselves as they are understood.

The Pacific staff also act as intermediaries between students and non-Pacific staff.

“They'll still have their non-Pacific lecturers and educators there, but yeah, just that they know that they can just tell me and I'll turn up, even if it's just sitting with my mouth shut, but they just know that I'm there”.

Attracting and recruiting students to midwifery

A focussed recruitment programme has been key to increasing the numbers in the midwifery programme. The number of Pacific midwives is growing with around 50 students over the four years of the programme, *“We can see it like this year, we're going to graduate... the same amount of midwives probably that we had who identified as Pacific 10 years ago in the community. ... that's just astounding in lots of ways”*.

Attraction and subsequent recruitment happen through engagement with the local schools, but getting the mature students is more challenging.

An additional challenge is readiness for study. This means preparing students to succeed and not setting them up to fail. This means talking with people as they look to enrol, *“have a kōrero - I think it'd be really helpful if you did this foundation and then come back and see us”*

“They're flying ... They applied, and we encouraged them to go off and do a foundation course or a bridging course, just if they've been out of education for a while or if they didn't have a strong science background, and it really sees them in good stead when they do come into the programme”.

Selection processes can be an impediment to entry into midwifery. In the university's case, a centralised approach meant putting a cap on numbers without seemingly giving thought to prioritising Māori and Pacific students. In addition, what was being asked for on the application form did not capture the holistic knowledge, skills and values that are required for roles in midwifery. Therefore, getting students into programmes required additional work by Pacific staff.

“If you had a look, you'd think, well, actually, I'm going to give that person a call. And then you're able to dig it a bit deeper and do that application. And then this whole world opens up that isn't caught on that piece of paper”.

This process captured an additional eight or nine students.

There is a demand for Pacific midwives in DHBs which has set up a little bit of competition with scholarships on offer. On the surface these are enticing, but the finer detail around bonding which changed part what through the four years means midwives who graduate then have to stay with the DHB who provided the scholarship.

“I think for me, the students, a lot of them are really financially drawn, because they are so poor. They've got five, six, seven children at home and are also caring for elderly relatives and things like that. Of course, if someone's offering you all this money up front, it's a real carrot that they're dangling and it's hard not to take it.

But then when you graduate out the other end and you're living in South Auckland and having to travel into the central city, and then you're working in an environment that's not like Counties Manukau. It is difficult for them. Yeah, I think that anything that supports them financially while they're in training, like while they're going through their degree is beneficial for them”.

A village within a village

Getting Pacific students to university is about place and space. Setting up a university campus in South Auckland that included an Office of Pacific Advancement with a Pacific lead, *“has made a huge difference because they come with that Pacific perspective of thinking like a village and engaging in relationships and all of that. Whereas before the Pacific person used to be at the North Shore. They might as well be in Sydney.”*

Bringing the campus to the people means engagement with the local community and the students being representative of the community.

“... it's our backyard, And of our Pasifika students, probably 90 percent of them come from South Auckland, so that's great because they've got the campus there, then they're doing their placements at Middlemore and at Nga Hau Māngere and everything is there for them, so it's very accessible.

Yeah, I just love South Campus because it's so brown. That's always got that really young vibe, ... There's lots of young brown people... it's just so welcoming. ... They're always coming, even at 10 o'clock at night, when you're walking to your car and things”.

Learning in the village

The midwifery programme is a general course with a curriculum that has minimal Pacific content.

“And we get this little moment, ... where we get to talk about a Pacific perspective literally it's like a snapshot and gone, that you present to the year one students”.

Wrap-around support is offered to Pacific students. Just as getting Pacific staff happened as a result of collaboration between the university and the DHB, so too did this support initiative, which is part of the Te Ara o Hine -Tapu Ora programme designed to support and increase the number of Māori and Pasifika midwifery students.

Funded by the Ministry of Health Te Ara o Hine -Tapu Ora runs across five universities that decide how they will work the initiative from a localised perspective.

“The thing is we want those initiatives to be regionally developed. We don't want little AUTs around Aotearoa, because you can't”.

The programme has incorporated the Aunties' initiative which previously existed to support Pacific students. It has also incorporated a student leadership programme that had operated but had been cut.

“... And they usually step up, too. Usually step into that space ... And we decided too to be quite broad about that. It isn't just about how good they are at sciences. Some are just good at being great big sisters. We want to look at that social aspect as well and recognise that as being able to gather those students around”.

Māori and Pacific students also get a quarterly allowance along with a payment that covers the cost of attending a National Forum where all the Pacific students throughout the country can come together twice a year.

The funding for this event is covered by the fund raising done by Pacific Midwives Aotearoa.

Fundraising takes the form of events and contracts. With the latter there is a contract with a Pacific healthcare provider to deliver ante-natal classes with a view to establishing a postnatal component.

Increasing the number of Pacific midwives relies on them having the same competency levels as others as there is a need to have a workforce that can practice safely. The challenge in the university education space is for Pākehā to understand how Pacific students express this knowledge. Te ao Pākehā gets in the way,

“When I can read it, and I said, "Oh yeah. No, she answers it there." But that's because we come from a different point of view, and I can see what that student's talking about, but my Pākehā colleague can't”.

Adjusting assessments to be more culturally appropriate is also important.

“Yeah, and I think it's just having us there, it's just made it a whole lot more culturally safe for the Pasifika students. It's not just about the Eurocentric way of doing it

anymore. We can offer them alternative assessment opportunities where if they want to reflect to us orally, they can do that.

It doesn't have to be a written down piece of academic writing that they have to submit. We just do things differently, and we can really wrap around them, we can offer additional simulation sessions and tutorials, just to really meet their needs, which... And they become very comfortable telling you what they need... Even at two o'clock in the morning.

They know that we're approachable and that we're there specifically for them, so I think that makes it really easy for them, that it's making it a really safe space for them too, that it's not foreign to them”.

Staying in the village

Making the environment a familiar and comfortable place to be where students can be “*proudly Pacific*” is important for retention. The *Village Meets* programme fulfils this function at AUT. This programme has senior health science students meeting with first-year midwifery students in peer mentoring and tutoring roles.

“It's win-win, anything where you're bringing people together to benefit from each other”.

This sits along the Aunties' programme where the focus is on emergent leadership and succession planning.

Growth opportunities are afforded to those who wish to take them up through summer internships which provide students the opportunity to conduct research. These are currently taken up by a very small number of students but there are moves to try and grow this by having research topics ready for students to undertake.

Le Va: Supporting the mental health and addiction workforce

Le Va's programme supports services and people who deliver mental health, addiction, public health, suicide prevention and general health and wellbeing to Pasifika communities. It was established to increase the Pacific mental health and addiction workforce in Aotearoa New Zealand.

It also looks to, *“retain those in the mental health and addiction services by providing leadership opportunities ... And to actually increase the non-Pacific workforce in terms of cultural competency when our people access their services”*.

While there is the formal approach with mental health and addiction clinicians and health professionals in terms of pipeline scholarships and the workforce development programme, there is also work with families and communities who are seen as part of the workforce in the suicide and violence prevention space.

“We see all of those intertwined really. If we could address violence prevention, violence, and sexual violence, and family violence, then we could have an impact on reducing mental health as well as preventing suicide. So, we see these as all interlinked as one”.

The scholarship programme

In terms of the pipeline, the Le Va programme has scholarships for those studying in mental health and addiction. There has been increased interest in these scholarships.

“Eight years ago we had about 25 applicants. This year we've funded 133, and we've had 300 applications. ... We had 23 ... that we funded this year doing a psychology degree”.

The scholarships fund up to \$5000 worth of fees, but the fees for some courses are around \$7000. The application and selection process for the scholarships is a robust one that includes external panellists, including a Ministry of Health representative and internal people from Le Va.

The success of the overall scholarship programme can be measured by the 100 per cent pass rate of the 765 scholarships that have been awarded to 583 people. This shows that the selection criteria are working, and the right people are being funded as they are

passing. Students in years two or three and postgraduate study are funded rather than those in the first year of study

There has been a notable increase in the number of those wishing to study clinical psychology. In addition to psychology, the other focus area is allied health.

“Given that the transition or the focus of the Ministry into primary care, we view allied health as probably a good workforce investment especially around those working multidisciplinary and across sectors ... we're aware too that it takes a while to develop our nursing, medical, and clin psych workforce, so having a focus across OT social workers, counsellors, is another way that we can maximize getting that workforce out there [and growing] the numbers in the sector”.

Promoting the scholarships has been key to the uptake and happens in two ways. Firstly, through word of mouth at the universities. Those on the programme talk to, “*other students within the university. They say, "Hey, this really helped me, you should apply for it"*”. It also happens through established networks with different Pacific organisations that are looking for ways to support the upskilling of their staff. These organisations are also useful networks for informing the Le Va programme about where there are workforce needs and subsequently where scholarships might be awarded.

Study fees are paid alongside mentoring and coaching workshops run through the Le Va Teuila to help people through their studies. Support is also provided to help people plan their careers in mental health or addiction.

“And that's quite good because we connect a lot of our recipients together, because sometimes they work in isolation or study in isolation. So, when they see how the larger Pasifika workforce who are studying in our group, then it's quite good for them to connect. We try and link them up with mentors from people that are past recipients, or people that have come over from our leadership program as well too.

Then, the other area that we really wanted to build on is around how we can connect them to actual work sites, placements and that, because we know that once we get our people through to the employment sites then there's a good chance or actually a very good chance that they'll get picked up for future careers in those work sites, whether it's a DHB or an NGO or primary [health care]”.

As is noted by others in this report there is little Pacific content in university programmes, “*Like, take the psychology, very few get pacific content within the papers that they take at university or at any other training institute I think, they limit it.* However, guided by the Le Va programme there are some hints of change,

“We are starting to see more of a willingness for people to access and call on us to provide them with more mental health and addiction content for their papers that are

culturally appropriate. ... So, I think that's definitely an area that we need to focus on is making sure that the content and the programmes do include some Pacific cultural content and lecturers. I know that it's starting to happen, but could definitely improve”.

In addition to support undergraduate study, Le Va has been looking at how to support postgraduate study given the removal of study allowances.

Growing cultural competence

The cultural competence of others, is built through the *Engaging Pasifika* programme which provides guidelines around how to engage with Pasifika families. There is uptake of this programme by both Pacific and non-Pacific providers. There is also considerable interest from other organisations too. “We get a lot of interest say from the corporate industry, education, corrections, justice and that as well ... we’ve run it over eight years and trained over 7000 people.

The training model is a blended one, with the pre-requisite of online modules before attending a one-day course. Following the one-day course people have access to Pacific specific modules – Tongan, Samoan, Cook Island. Going through the programme also contributes to certification for other areas of mental health and addiction services. Along with this are resources for communities – e.g., fact sheets about anxiety and depression from a Pacific perspective and in Pacific languages. These can also be used by students and in the workforce.

Working with communities

Work with communities happens through the *FLO: Pasifika for Life* programme which focuses on risk factors, protective factors, identifying warning signs, and referral agencies. There is high demand for the programme and also for the information which has been put together in a knowledge bank on the website.

“(the resources help) to know what do I say, how do I... What should I be looking out for, how should I approach them, all of that information on our website that they can go to. We also developed media guidelines to make sure that our media are reporting responsibly about suicide and not triggering people in the community”.

Two further programmes are run out of Le Va. *Lifekeepers* builds from the *FLO* programme and provides more in-depth training in suicide prevention. And *Atu Mai* is the sexual violence and family physical violence prevention programme that is run through ACC.

Along with the delivery of these programmes, there is also a \$900,000 fund to support families to lead health and suicide prevention programmes in their own families. They develop “*their own kind of [initiatives] where they can talk about mental health issues to try and prevent moving to becoming a high risk of suicide.*”

Another capability and capacity building programme is *Rebuilding Wellbeing*. This programme has workshops around depression and anxiety and aims to help people recognise and understand these conditions impacts on adults and youth, and then refer others to services that support them. *“That’s how we build up our community.”*

There are two notable challenges in working with communities. Firstly, working with communities to reduce the stigma and shame associated with mental health and subsequently get people to pursue careers in this field. Then once Pacific people are working in the field is the demand placed on them to bring their cultural knowledge along with or beyond their role in the workforce.

“So, you might be a social worker in a mainstream service, but you're also called on to do all of the cultural stuff within that, which isn't acknowledged in terms of that extra expertise and those extra duties and responsibilities that you're asked to do. You're asked to do your work, and on top of that, do all the cultural stuff.

Yeah, so that's something that isn't acknowledged either in their contracts, in their remuneration, and in their employment opportunities. I think there are a lot of positions where particularly areas where we have a higher Pasifika population, that what they bring to the table might not be as valued in terms of working with our people compared to another applicant in that service. So, I think there needs to be that sort of consideration, particularly from HR. They don't have a good appreciation of the cultural knowledge and expertise that some applicants bring...”.

Workforce development

Le Va’s work extends beyond the pipeline to further support people once they are in work. While more needs to be known about where people go to in terms of careers, the Le Tautua leadership programme, which focuses both on emerging leaders and those who are established in roles and want to know more about how to make a wider contribution in their workplaces or sectors.

Looking ahead

While there is a need for greater numbers of Pacific people in the workforce, there is a need to place a stronger focus on giving people coping strategies rather than the biomedical models. There is also a need to consider increasing the numbers in the allied health workforce and a role for a peer workforce, but there is a need to be mindful of the burnout that can happen if people are unsupported.

There is also a place for an increased focus on data and data analysis about the needs of the population and what this means for the workforce and service delivery. There is also a need to provide more information digitally, but also balance this with the face-to-face delivery that some of the ethnic groups prefer and what can be delivered electronically.

“And there is a certain percentage of the population, like our ‘aunty D app’ you know, ... I don't know, how many thousand completing that every year. And it's not just young people, it's adults as well. So, it works for some things, but if you're looking at a therapeutic, a full therapeutic intervention, I'm not sure our people actually would like to do that online or do modules on that as well. But, I could be wrong, but our experience is there's too many competing demands for people with apps and online things that they prefer not to do that”.

Overall, there needs to be a stronger focus on primary health care so people do not end up in secondary services and people working in the primary sector need both clinical and cultural competency. Currently, there are gaps in the workforce. When primary health care is given a focus, people leave the secondary service and leave a shortfall there.

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