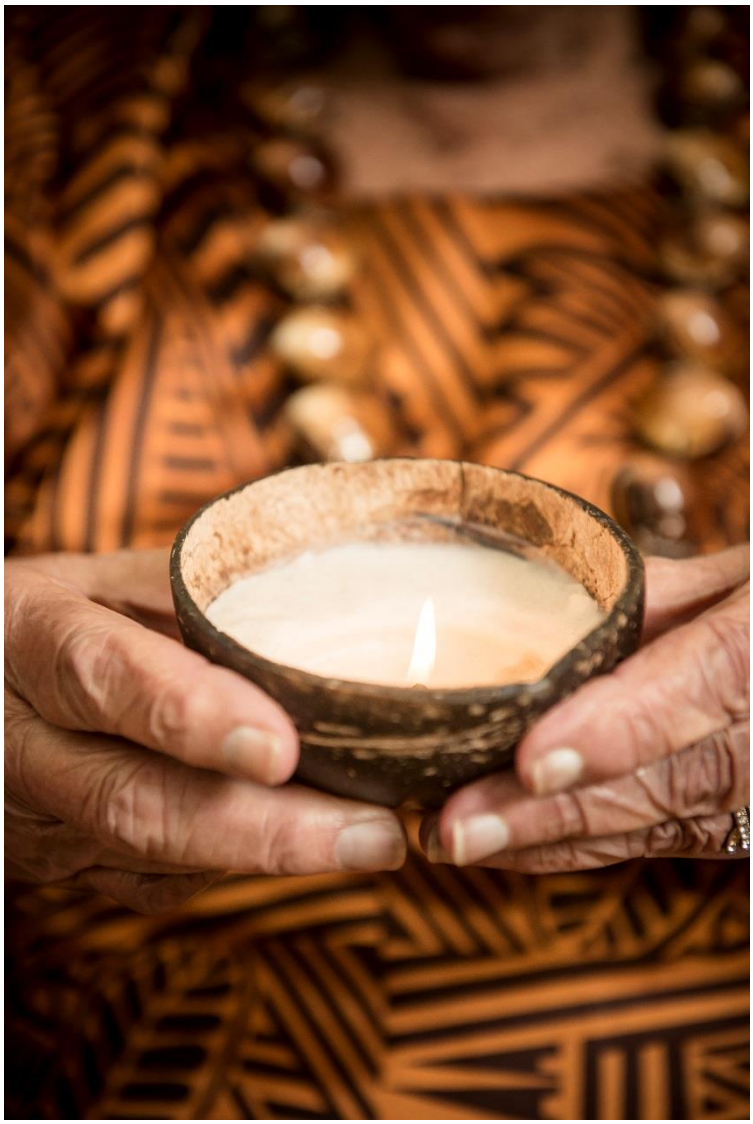
MORE THAN NUMBERS

Pasifika adult mental health and addiction workforce:

2014 survey of Vote Health funded services.



LeVa

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National Addiction Workforce Development

Te Pou
o Te Whakaaro Nui

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Contents

Executive summary

Pasifika peoples make up approximately 6 per cent of the New Zealand adult population (Statistics New Zealand, 2013) and are from the Pacific region having their own specific languages, beliefs, customs, values, traditions and lifestyles. The Pasifika adult population tends to be youthful, and most (nearly 70 per cent) live in the Northern region. Compared to the general population, Pasifika people have higher rates of mental health and addiction issues, and are less likely to access services (Oakley Browne, Wells & Scott eds, 2006).

Reducing disparities in health outcomes for Pasifika people is a priority set out in *Rising to the challenge: The mental health and addiction service development plan 2012-2017* (Ministry of Health, 2012). Workforce development strategies are essential to achieving this goal. The strategies recommended by the *Pacific Health Workforce Service Forecast: Report to Health Workforce New Zealand and the Ministry of Health* (Pacific Perspectives, 2013) include:

- increasing Pasifika participation in the health workforce
- strengthening Pasifika governance and monitoring of workforce development and introducing new models of care that meet the health needs of Pasifika peoples
- improving the overall cultural competence of the health workforce to work with Pasifika peoples.

This report describes the results of the 2014 Te Pou and Matua Raki *More than numbers* organisation workforce survey of Vote Health funded adult mental health and addiction services pertaining to workforce development strategies for Pasifika, including:

- Pasifika people in the adult mental health and addiction workforce
- full-time equivalent positions (FTEs) in dedicated Pasifika services
- Pasifika cultural competence development needs for the general workforce.

Overview of the survey

A total of 189 organisations completed the survey, including all 20 district health boards (DHBs) and 169 out of 231 (73 per cent) non-government organisations (NGOs). The overall response rate was 75 per cent. The survey was developed in partnership with Le Va, Te Rau Matatini and The Werry Centre.

The total workforce reported by adult mental health and addiction services was 8,929 FTEs. DHBs reported 63 per cent of the workforce (5,657 FTEs) and NGOs reported 37 per cent (3,273 FTEs). Most (85 per cent) of the workforce was reported by mental health services and 15 per cent by addiction services (including alcohol and other drug [AOD] and problem gambling services).

Pasifika people in the adult mental health and addiction workforce

More than half of all respondents (56 per cent) thought there might be future shortages of Pasifika staff for clinical roles, with similar results across both DHBs and NGOs. In contrast, around one-third of all respondents thought the same for Pasifika staff to fill non-clinical roles, with NGO respondents being more likely to report concerns than DHB respondents.

Sixty organisations reported employing Pasifika people in 321 FTEs. Pasifika representation in the FTE workforce (5 per cent) was lower than in the population and as consumers of services (6 per cent each). The Northern and Central regions had the highest proportion of Pasifika people in the workforce (60 per cent and 24 per cent respectively), as expected based on the distribution of the Pasifika population.

Pasifika representation in the mental health clinical workforce was particularly low (3 per cent) compared to the mental health non-clinical workforce and the addiction workforce for all roles (6 to 7 per cent). DHBs had lower Pasifika representation in their workforce than NGOs (3 per cent compared to 7 per cent). The low rates of Pasifika employment by DHBs was reflected across the range of different service types. Compared to the rest of the workforce, Pasifika people were as likely to be employed in community services and more likely to be employed in mental health residential services than inpatient services. There were few dedicated Pasifika cultural advice and support roles reported to the survey (5 FTEs).

These results indicate the need to continue to attract and grow the workforce in Pasifika clinical roles, as well as cultural leadership roles, through a variety of strategies including tertiary education scholarships and health career promotion, development of new career pathways to clinical roles and specialist practice (Pasifika Perspectives, 2013).

The question on workforce ethnicity had one of the lowest response rates of all survey questions (86 per cent). Improving the collection and reporting of workforce ethnicity should be a priority for mental health and addiction services. These actions would provide quality information to support future workforce development strategies for improving cultural responsiveness to Pasifika, increasing access to services and, ultimately, improving Pasifika health outcomes.

The workforce in dedicated Pasifika services

Four DHBs and seven NGOs reported having dedicated services for Pasifika people. The reported workforce in these services was small (142 FTEs employed plus vacant), equating to 2 per cent of the total workforce reported to the survey (8,929 FTEs). Most (84 per cent) of the workforce in these services identified as Pasifika. Half of the reported workforce was in DHB Pasifika services and half was in NGOs. Most (83 per cent) of the reported Pasifika services' workforce was located in the Northern region.

Most (76 per cent) of the Pasifika services' workforce provided mental health services and 24 per cent provided addiction services. Most of the Pasifika mental health workforce and all of the addiction workforce was in community-based services. Pasifika mental health services also had small workforces delivering residential, forensic and other services. None of the Pasifika service respondents thought that there would be about right numbers of Pasifika staff for clinical roles.

Compared to the overall survey results, a greater proportion of Pasifika service respondents reported that:

- their workforce needed to increase confidence in one or more Pasifika languages
- they were concerned about potential future shortages of Pasifika staff for clinical roles
- static or reduced funds was one of their top four workforce development challenges
- relationships were working well with the family violence sector
- relationships needed to improve with the Police.

Cultural competence needs of the adult mental health and addiction workforce

In relation to six cultural competencies drawn from Le Va's *Engaging Pasifika* training and *Real Skills plus Seitapu* (Le Va, 2009) framework, most (62 to 98 per cent) survey respondents identified their workforce needed some or a large increase in those competencies. Compared to NGOs, DHB mental health and addiction respondents were more likely to indicate a need for Pasifika cultural competency training. This finding indicates the continued need for workforce training and development in these areas.

Introduction

In 2013, Pasifika people were approximately 6 per cent of the New Zealand adult population (Statistics New Zealand, 2013). Pasifika people are composed of migrants and their descendants from the Pacific region whom have their own specific languages, beliefs, customs, values, traditions and lifestyles. Over half (60 per cent) of the resident New Zealand Pasifika population are New Zealand-born and this proportion has increased with each census (Statistics New Zealand, 2013). The Pasifika adult population tends to be youthful, and most (68 per cent) live in the Northern region (see Table 6).

Compared to the general population, Pasifika people have higher rates of mental health and addiction issues, and are less likely to access services (Oakley Browne, Wells & Scott eds, 2006). Reducing disparities in health outcomes for Pasifika people is a priority set out in *Rising to the Challenge: The mental health and addiction service development plan 2012-2017* (Ministry of Health, 2012). Workforce development strategies are essential to achieving this goal. Some of the strategies recommended by the *Pacific Health Workforce Service Forecast: Report to Health Workforce New Zealand and the Ministry of Health* (Pacific Perspectives, 2013) include:

- increasing Pasifika participation in the health workforce
- strengthening Pasifika governance and monitoring of workforce development and introducing new models of care that meet the health needs of Pasifika peoples
- improving the overall cultural competence of the health workforce to work with Pasifika peoples (Pacific Perspectives, 2013).

This report describes the results of the 2014 Te Pou and Matua Raki *More than numbers* organisation workforce survey of Vote Health funded adult mental health and addiction services that are relevant to those workforce development strategies for Pasifika. It provides information about:

- Pasifika people in the adult mental health and addiction workforce
- the full-time equivalent (FTE) workforce in dedicated Pasifika services
- cultural competence development needs of the overall workforce.

About the survey

In 2014 Te Pou and Matua Raki undertook the *More than numbers* organisation workforce survey of adult mental health and addiction services in partnership with Le Va and the other workforce centres. The survey aimed to profile the size, distribution and configuration of the Vote Health funded workforce in adult mental health and addiction services. The survey requested workforce information that team leaders and managers could reasonably obtain at 1 March, 2014.

Response rates

The survey was sent to the 20 DHBs and 231 NGOs contracted by DHBs or the Ministry of Health to provide adult mental health and addiction (alcohol and other drug [AOD] and problem gambling) services during the year ended 30 June, 2013. All 20 DHBs and 169 NGOs (73 per cent) completed the survey, giving an overall response rate of 75 per cent. Organisations completed as many surveys as were needed to represent their services by DHB area. In total 808 surveys were completed.

Limitations

There were a number of limitations to the survey, which are described in the national and regional reports.[1] The key limitation for this report is that it describes results for the 189 organisations that returned completed surveys. The information provided here may not be representative of the 62 organisations that did not complete the survey.

In relation to the workforce ethnicity question, the limitations are as follows.

- The question about staff ethnicity had a relatively low response compared to other survey questions, with 84 per cent of respondents reporting staff ethnicity. The ethnic representation of the workforce reported here has been calculated based on the total workforce employed by respondents who answered the ethnicity question (6,329 FTEs), which was 74 per cent of the total employed workforce reported to the survey (8,512 FTEs).
- Although respondents were asked to use employee self-identified information and not guess ethnicity, there is no way to assess whether this instruction was followed.
- Survey responses to this question may under-report the workforce in two or more ways. For example, respondents may have only completed the question for those employees with recorded ethnicity information on human resource systems. In addition, individuals with multiple ethnic identities will not have been captured if human resource systems report prioritised Māori ethnicity.
- A number of survey respondents included administration and management roles in their answers about the non-clinical workforce. The results therefore do not clearly tell us about the number of Pasifika staff in non-clinical direct service delivery roles.

In addition to these limitations, results for the question about knowledge and skills development did not explore the reasons why people thought there was a need for development, if it was indicated.

For the purposes of this report, population and consumer information (from the 2013 New Zealand Population Census, the Programme for the Integration of Mental Health Data [PRIMHD] and

[1] The survey method and limitations are described in the national and regional reports at www.tepou.co.nz/morethannumbers. The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or that did not employ any mental health or addiction staff.

Problem Gambling Client Information Collection [CLIC] database) is presented alongside survey findings.

This information describes:

- adult population and unique consumers aged 20 to 64 years
- consumer ethnicity information collated using prioritised ethnicity, which means that people who identify in multiple ethnic groups including Pasifika and Māori will be reported as Māori not Pasifika.

Overview of the reported total adult mental health and addiction services workforce

Leaders and managers from 189 organisations participated in the survey. A total of 808 surveys were completed.

The total workforce reported by adult mental health and addiction services for all Vote Health funded roles was 8,929 FTEs, including 8,512 FTEs employed and 417 FTEs vacant (5 per cent). Figure 1 shows how the workforce was distributed across the two service groups, with most (85 per cent) reported by mental health services and 15 per cent reported by addiction services.[2]

DHBs reported a total workforce of 5,657 FTEs (63 per cent of the total adult mental health and addiction workforce). Most (89 per cent) of the DHB workforce was in mental health services. NGOs reported 3,273 FTEs (37 per cent of the adult mental health and addiction workforce). Compared to DHBs, NGOs had a larger proportion of their workforce in addiction services (21 per cent compared to 11 per cent in DHBs).

[2] The mental health workforce includes the workforce reported by combined mental health and addiction services (totalling 516 FTEs employed plus vacant). The addiction workforce includes that reported by AOD and problem gambling services.

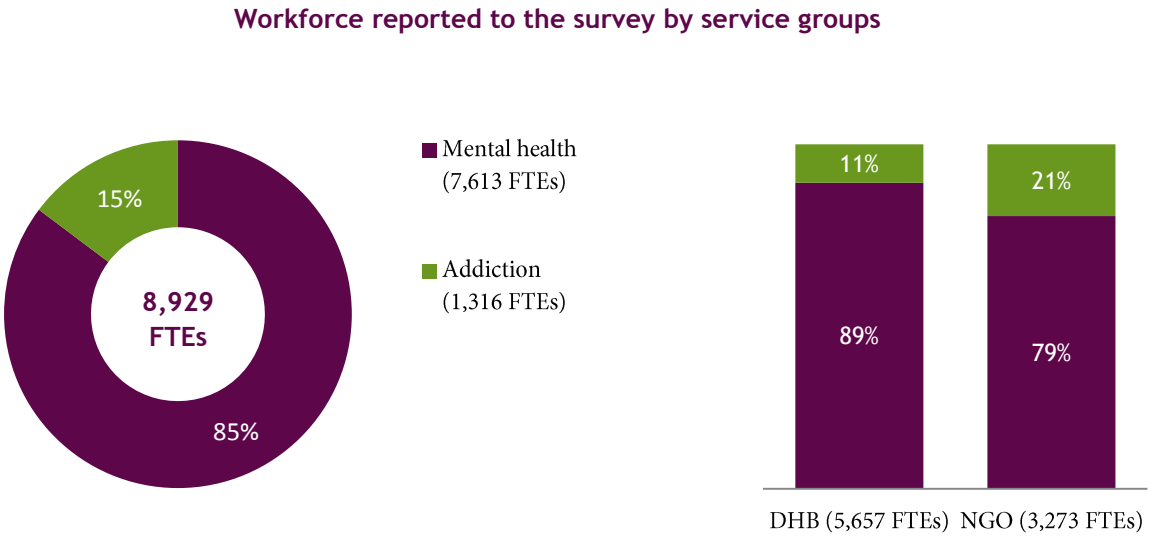

Figure 1. Total workforce reported to the survey in each service group

Of the total workforce reported to the survey, the majority (88 per cent) was in mainstream services with 2 per cent in dedicated Pasifika services and most of the remainder in kaupapa Māori services. Figure 2 shows the proportion of the workforce in each of the three ethnic-specific and mainstream services as reported to the survey.

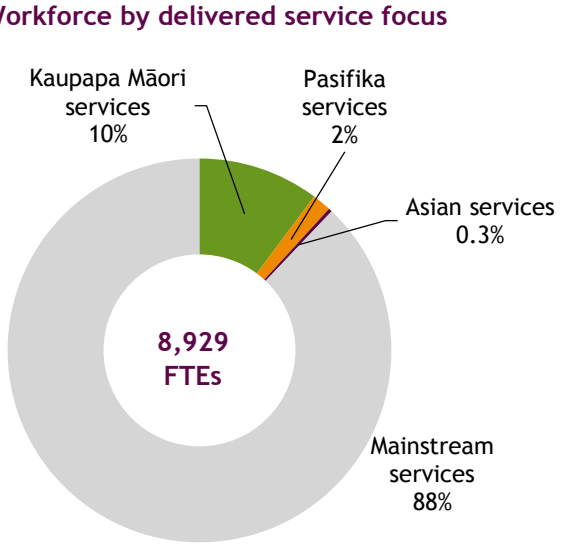

Figure 2. Total reported workforce in adult mental health and addiction services, by cultural focus[3]

Just over one-quarter (27 per cent) of the NGOs that were invited to participate in the survey did not respond. Because of this, the results are likely to under-report the actual adult mental health and addition workforce. The *Adult mental health and addiction workforce: 2014 survey of Vote Heath*

[3] The results presented here add up to 100.3% due to rounding.

funded services (Te Pou o Te Whakaaro Nui, 2015) report estimates that the workforce is likely to be under-reported to the survey by 6 per cent overall. This report (*Pasifika adult mental health and addiction workforce*) describes only the reported survey results and does not include any estimates for the workforce from non-responding organisations.

The following sections describe survey results relating to workforce development priorities for Pasifika:

- Pasifika people in the adult mental health and addiction workforce
- the workforce in dedicated Pasifika services
- cultural competence development needs in the overall workforce.

Pasifika people in the adult mental health and addiction workforce

Attracting and retaining Pasifika people to work in the health sector was identified by Pacific Perspectives (2013) as a key priority for Pasifika workforce development. Approximately 6 per cent of mental health and AOD consumers identify as Pasifika, as do 20 per cent of people seen by problem gambling services. This section describes the survey results relevant to Pasifika people working in the adult mental health and addiction workforce. These results include views from respondents about the future recruitment of Pasifika staff members, dedicated Pasifika cultural roles and Pasifika representation in the current workforce.

Recruitment of Pasifika staff

All respondents were asked whether, over the next two years, they thought there was a risk of a shortage of Pasifika staff members. Out of a total of 808 responses to the survey, 45 respondents (6 per cent) completed this question in regards to clinical roles (24 from DHBs and 21 from NGOs). Eighty-six (11 per cent) completed this question in relation to non-clinical, administration and management roles (12 DHB and 74 NGO respondents).

More than half (56 per cent) of those responding about Pasifika staff for clinical roles thought there might be future shortages. In contrast, around one-third of all respondents thought the same for Pasifika staff to fill non-clinical roles.

There were differences in the responses received from DHBs and NGOs. Compared to DHBs, NGO respondents were more likely to identify potential future shortages of Pasifika staff for non-clinical roles (36 per cent compared to 17 per cent of DHB respondents). Similar proportions of DHB and

NGO respondents identified potential future shortages of Pasifika staff for clinical roles (58 per cent compared to 54 per cent, respectively, see Figure 3).

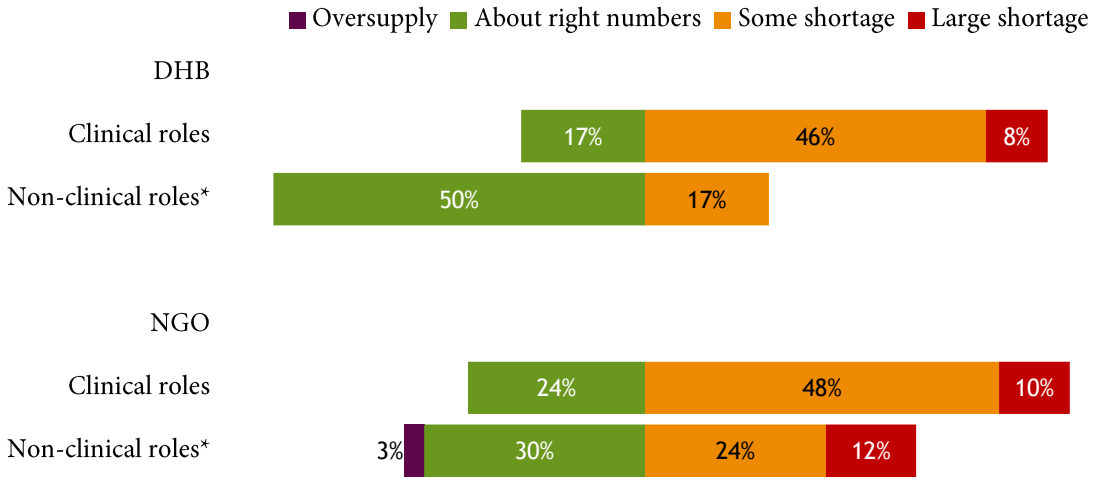

Figure 3. Proportion of all survey DHB and NGO respondents who perceived potential future shortages of Pasifika staff for clinical and non-clinical roles

* Non-clinical roles include support worker, cultural advice and support, and administration and management roles.

Dedicated Pasifika cultural roles

Respondents were asked to identify the workforce in dedicated cultural advice and support roles. The total workforce in these roles (Māori, Pasifika and other) was 161 FTE positions (employed and vacant). This workforce equated to slightly less than two per cent of the total workforce reported. The survey is likely to have substantially under-reported these roles as a number of respondents indicated this workforce was comprised of volunteers or funded through non-health sources of income; information about these groups was not collected by the survey.

There were few dedicated Pasifika cultural roles reported to the survey (five FTEs employed and vacant). These were:

- matua (two FTEs)
- Pasifika cultural advisor (three FTEs)

Most of the remaining cultural roles were dedicated Māori cultural roles (97 FTEs, 62 per cent). Cultural supervisor roles totalled 16 FTEs (10 per cent) and there were another 42 FTEs reported in unspecified 'other' cultural roles (26 per cent), some of which may have had a Pasifika focus.

Pasifika representation in the workforce

Understanding Pasifika representation in the workforce (ie the number of Pasifika staff by FTEs employed as a proportion the total workforce FTEs employed) provides a measure of how well

services are progressing towards building a workforce that is representative of the consumers they serve.

675 respondents from 171 (out of 189) organisations reported on staff ethnicity. These respondents reported a total workforce of 6,329 FTEs employed, which was 74 per cent of the reported total workforce employed (8,512 FTEs).[4]

Respondents from 60 organisations reported employing Pasifika staff members in their workforce, including:

- 12 DHBs (60 per cent of all DHBs)
- 48 NGOs (28 per cent of responding NGOs).

Of the 6,329 FTEs employed, Pasifika staff members filled 321 FTEs (5 per cent of the employed workforce).

The following analyses are based on only those surveys providing ethnicity data, including those indicating they had no staff members in the specified ethnic groups (Pasifika, Māori and Asian). The various limitations of the ethnicity data provided in this section are described in the Introduction to this report. The information provided here should be used with caution, as this survey question had one of the lowest response rates of the survey (84 per cent).

Pasifika in the adult mental health and addiction workforce

In the mental health workforce, Pasifika staff members occupied:

- 265 FTEs out of a total employed workforce of 5,404 FTEs (5 per cent):
    - DHBs reported Pasifika staff members were employed in 84 FTEs
    - NGOs reported Pasifika staff members were employed in 180 FTEs
- 26 per cent of the Pasifika workforce was employed in clinical roles
- 74 per cent were employed in non-clinical, administration and management roles.

In the addiction workforce, Pasifika staff members occupied:

- 56 FTEs out of a total employed workforce of 925 FTEs (6 per cent):
    - DHBs reported Pasifika staff members were employed in 26 FTEs
    - NGOs reported Pasifika staff members were employed in 30 FTEs
- 67 per cent of the Pasifika workforce was employed in clinical roles
- 33 per cent were employed in non-clinical, administration and management roles.

[4] Only surveys that completed the staff ethnicity question by providing the requested information were included in calculations for Pasifika representation. Vacant FTE positions have been excluded from these calculations.

Figure 4 shows the distribution of Pasifika workforce across adult mental health and addiction services and DHBs and NGOs.

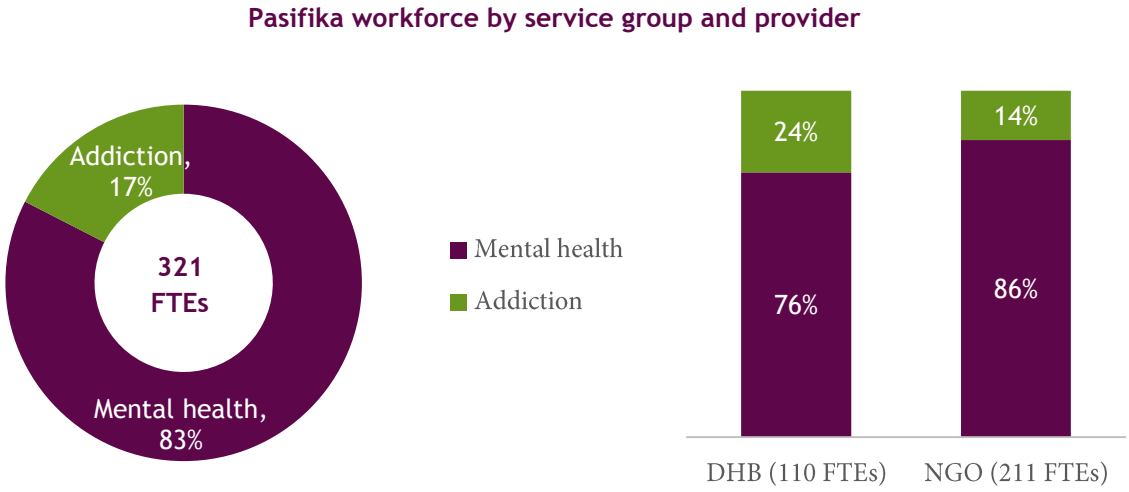

Figure 4. Pasifika workforce reported to the survey in each service group and by provider type

Figure 5 shows the proportion of Pasifika in the adult mental health and addiction service workforce.

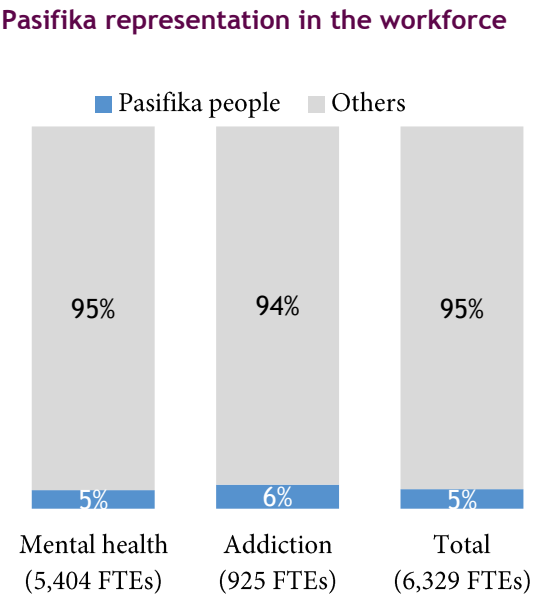

Figure 5. Pasifika representation in the adult mental health and addiction workforce

Pasifika workforce by services delivered

Figure 6 shows that half (51 per cent) of the Pasifika workforce reported to the survey across both DHBs and NGOs worked in community services, and one-quarter (27 per cent) in residential services.[5]

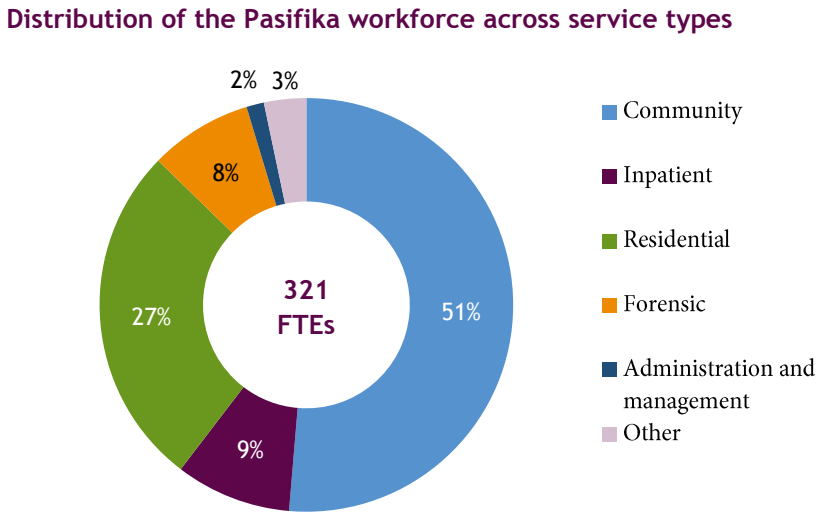

Figure 6. Proportion of the Pasifika workforce in each of the six adult mental health and addiction service types

Table 1 compares the distribution of the Pasifika workforce with the total workforce for mental health and addiction services. In general, Pasifika staff were fairly similarly distributed compared to the total workforce. Exceptions were in mental health inpatient and residential services, and administration and management. Mental health inpatient and administration and management services employed a smaller proportion of the Pasifika workforce compared to the total workforce. In contrast, mental health residential services employed a greater proportion of the Pasifika workforce when compared to the total workforce.

[5] Respondents were asked to identify the predominant service delivered by their workforce, choosing from a pre-set list of common services. These results have been grouped into six service types (community, inpatient, residential, forensic, administration and management, and other services). The allocation of services into these service type groups is described in the appendices to the regional and national reports which can be found on the Te Pou website: www.tepou.co.nz/morethannumbers

Table 1. *Distribution of the mental health and addiction workforces, comparing the Pasifika workforce with the total reported workforce*

Service type	Mental health workforce (%)		Addiction workforce (%)	
	Pasifika workforce	Total workforce**	Pasifika workforce	Total workforce**
Community	45.5	46.4	78.8	75.3
Inpatient	11.0	18.3	-	-
Residential	28.1	12.3	-	-
Residential/inpatient*	-	-	21.2	23.2
Forensic	9.7	12.9	-	-
Administration, management and support	1.7	5.9	-	1.2
Other	4.0	4.2	-	0.3
Total workforce**	**100.0**	**100.0**	**100.0**	**100.0**

* Addiction residential and inpatient services are reported together.

** Calculations for the distribution of the total workforce are based upon the total reported workforce (8,929 FTEs employed plus vacant) including those services that did not report workforce ethnicity.

Table 2 shows Pasifika representation across the different service types reported by adult mental health and addiction services. The last two columns show the FTE workforce employed for Pasifika and in total. Reported Pasifika representation in the workforce was highest for mental health residential services (9 per cent) followed by addiction community services (7 per cent).

Table 2. *Pasifika representation in adult mental health and addiction workforce by service type*

Service type	Pasifika representation (%)			Total workforce (FTEs employed)	
	Mental health	Addiction	MH&A	Pasifika workforce	Total workforce*
Community	4.7	6.5	5.1	164.8	3,230.6
Inpatient	3.5	-	3.4	29.0	843.8
Residential	8.6	5.5	8.0	86.3	1,081.4
Forensic	4.4	-	4.4	25.8	580.5
Administration, management and support	1.4	-	1.4	4.4	316.5
Other	3.8	-	3.8	10.6	276.6
Total workforce	**4.9**	**6.1**	**5.1**	**320.9**	**6,329.5**

* The workforce total used for this analysis is less than the total workforce reported to the survey. This is because only surveys reporting staff ethnicity information have been included in the calculation of Pasifika representation.

Pasifika workforce by role types

Across the adult mental health and addiction workforce, one-third (33 per cent) of the Pasifika workforce was employed in clinical roles (107 FTEs) and two-thirds were employed in non-clinical, administration and management roles (214 FTEs).

Table 3 summarises the representation of Pasifika people in the workforce. Addiction services had higher Pasifika representation in clinical roles than mental health services (6 per cent compared to 3 per cent). In contrast, mental health services had higher representation in non-clinical, administration and management roles than addiction services (7 per cent compared to 6 per cent).

Table 3. *Pasifika representation in mental health and addiction workforce by role groups*

Role group	Pasifika representation (%)			Total workforce (FTEs employed)	
	Mental health	Addiction	MH&A	Pasifika workforce	Total workforce*
Clinical roles	2.7	6.2	3.4	107.0	3,134.5
Non-clinical, administration and management roles	6.8	5.7	6.6	214.0	3,195.0
Total workforce	**4.9**	**6.1**	**5.1**	**320.9**	**6,329.5**

* The workforce total used for this analysis is less than the total workforce reported to the survey. This is because only surveys reporting staff ethnicity information have been included in the calculation of Pasifika representation.

Compared to the number of Pasifika in the adult population and the number of Pasifika consumers using services, Pasifika representation in mental health clinical roles was less than half (nearly 3 per cent compared to 6 per cent each). In addiction services, Pasifika representation in clinical roles was closely aligned to population and consumer numbers at 6 per cent overall.

DHB and NGO workforce

The reported Pasifika workforce in DHB services was:

- 110 FTEs out of a total employed workforce of 3,446 FTEs (3 per cent) of which:
    - 69 per cent were in clinical roles
    - 31 per cent were in non-clinical, administration and management roles.

The reported Pasifika workforce in NGO services was:

- 211 FTEs out of a total employed workforce of 2,884 FTEs (7 per cent) of which:
    - 15 per cent were in clinical roles
    - 85 per cent were in non-clinical, administration and management roles.

Table 4 summarises Pasifika representation in the total workforce for DHB and NGO respondents. NGOs reported higher Pasifika representation in clinical and non-clinical, administration and management roles than DHBs (5 and 8 per cent compared to 3 and 4 per cent).

Table 4. *Pasifika representation in DHB and NGO adult mental health and addiction workforce by role groups*

Pasifika representation	Proportion of the workforce (%)			Total workforce (FTEs employed)	
	DHB	NGO	MH&A	Pasifika workforce	Total workforce*
Clinical roles	3.0	5.3	3.4	107.0	3,134.5
Non-clinical, administration and management roles	3.9	7.8	6.7	214.0	3,195.0
Total workforce	**3.2**	**7.3**	**5.1**	**320.9**	**6,329.5**

* The workforce total used for this analysis is less than the total workforce reported to the survey. This is because only surveys reporting staff ethnicity information have been included in the calculation of Pasifika representation.

When compared to the percentage of Pasifika people in the adult population and the percentage of Pasifika consumers using services, Pasifika representation in the DHB workforce was lower (3 per cent compared to six per cent each). In contrast, Pasifika representation in the NGO workforce was 7 per cent, albeit slightly lower for clinical roles (5 per cent); but in total slightly higher than the percentage of Pasifika in the adult population and as consumers of services.

The lower rates of Pasifika people in the DHB workforce may be related to shortages of Pasifika clinical staff. Later in this report, Figure 11 shows that 46 per cent of DHB respondents perceived some shortage of Pasifika staff for clinical roles, and another 8 per cent perceived large shortages. For non-clinical roles, fewer DHB respondents thought there would be some shortage (17 per cent) and none were concerned about large shortages.

Table 5 shows Pasifika representation in the workforce across the different service types reported by DHBs and NGOs. In general, Pasifika representation in NGOs was higher than in DHBs across most service types. The exception was inpatient services, where NGOs had no Pasifika representation. This result reflects that this service is predominantly provided by DHBs.

Table 5. Pasifika representation in DHBs and NGOs by service type

Service type	Pasifika representation (%)			Total workforce (FTEs employed)	
	DHB	NGO	MH&A	Pasifika workforce	Total workforce*
Community	3.7	6.8	5.1	164.8	3,230.6
Inpatient	3.5	-	3.4	29.0	843.8
Residential	-	8.2	8.0	86.3	1,081.4
Forensic	2.4	31.9	4.4	25.8	580.5
Administration, management and support	0.6	2.2	1.4	4.4	316.5
Other	-	5.3	3.8	10.6	276.6
Total workforce	**3.2**	**7.3**	**5.1**	**320.9**	**6,329.5**

* The workforce total used for this analysis is less than the total workforce reported to the survey. This is because only surveys reporting staff ethnicity information have been included in the calculation of Pasifika representation.

Pasifika workforce by region

The 2013 New Zealand Population Census reported 145,506 Pasifika adults (aged 20 to 64 years) in New Zealand. The distribution of the Pasifika population varied by region. More than two-thirds (68 per cent) of Pasifika adults lived in the Northern region, 17 per cent lived in the Central region, 8 per cent in the Midland region and 7 per cent in the South Island region (Statistics New Zealand, 2013).

Table 6 below shows Pasifika representation in the adult mental health and addiction workforce by region. The last two columns show each region's share of the total Pasifika workforce and the adult Pasifika population. As can be expected, the two regions with large adult Pasifika populations also had high Pasifika representation in the workforce; services in the Northern region reported the highest Pasifika representation in the workforce (12 per cent) followed by services in the Central region (5 per cent).

Table 6. Pasifika representation in the adult mental health and addiction workforce by region

Region	Pasifika representation (%)			Share of Pasifika (%)	
	Mental health	Addiction	MH&A	Workforce	Population
Northern	11.3	17.8	12.1	60.4	68.1
Midland	1.7	2.9	1.9	8.5	7.8
Central	5.9	1.3	5.2	23.6	16.8
South Island	0.9	3.7	1.3	7.6	7.3
National	**4.9**	**6.1**	**5.1**	**100.0**	**100.0**

Population data source: Statistics New Zealand, 2013.

Figure 7 shows Pasifika representation in the DHB and NGO mental health workforce, nationally and in each region, compared to Pasifika representation in the adult population and as consumers of services (both in the 20 to 64 years age range). Nationally and across regions, NGO mental health services had higher Pasifika representation in the workforce compared to DHBs. In addition, DHBs in all regions apart from the Midland region had a lower percentage of Pasifika representation in the mental health workforce than the percentage of Pasifika as consumers and in the adult population.

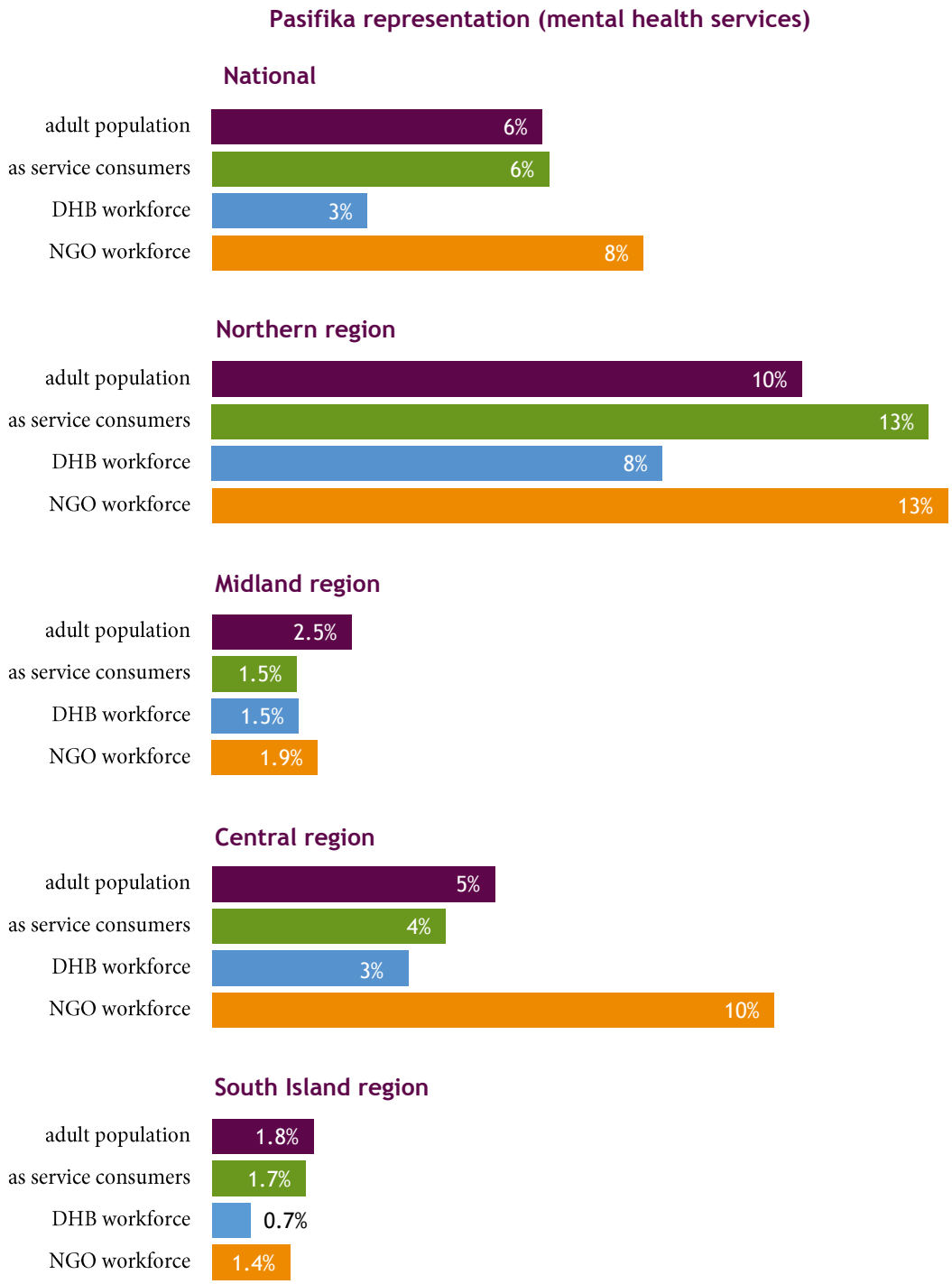

Figure 7. Pasifika representation in the adult population, as consumers, and in the DHB and NGO workforce by region

Figure 8 below shows Pasifika representation in the DHB and NGO AOD workforce, nationally and in each region, compared to Pasifika representation in the adult population and as consumers of services (both in the 20 to 64 years age range). In general, NGO AOD services had a higher percentage of Pasifika staff in the workforce compared to DHBs. Also, DHBs in all regions apart from the Midland region had a lower percentage of Pasifika staff in the mental health workforce in comparison to the percentage of Pasifika consumers and those in the adult population.

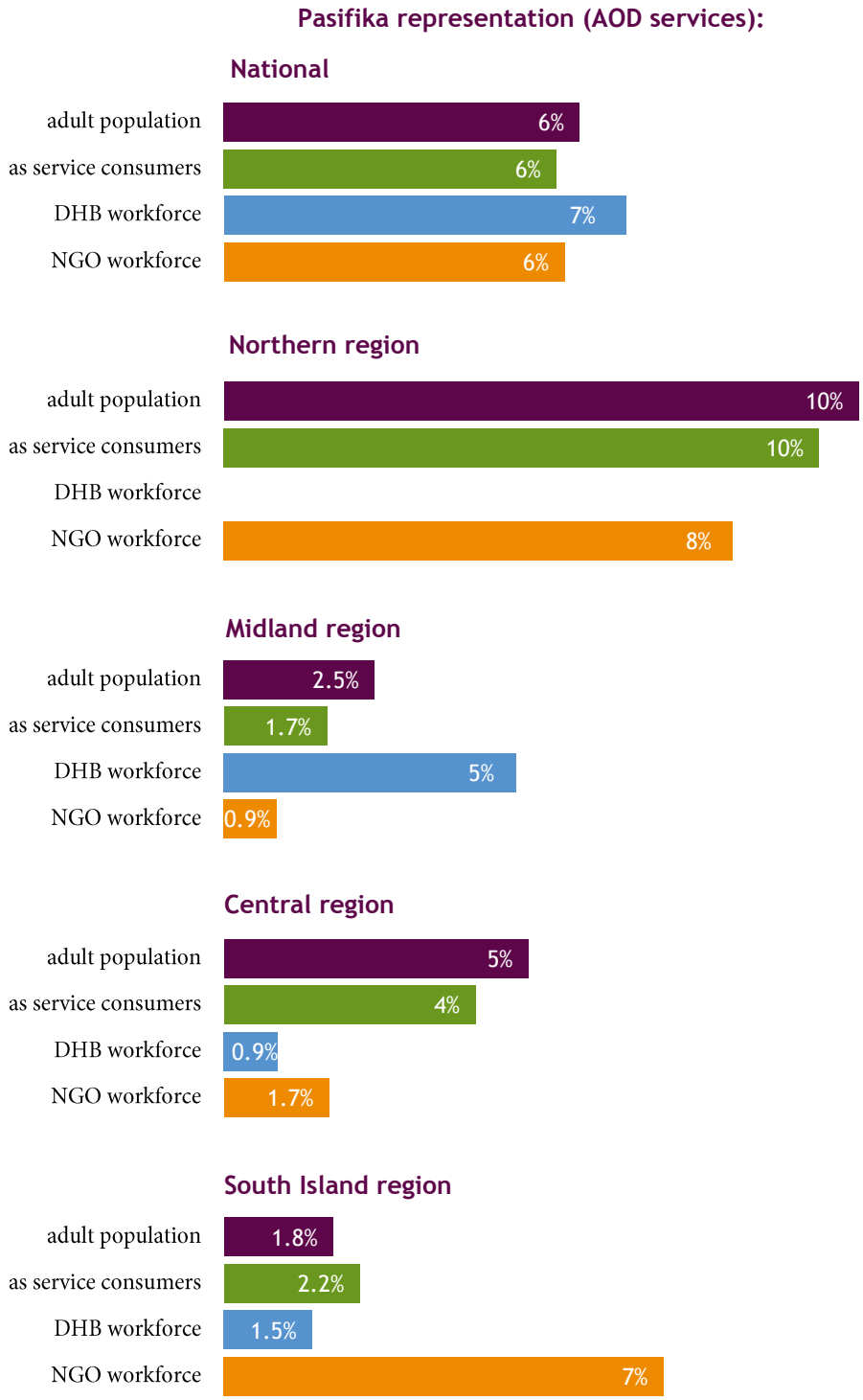

Figure 8. Pasifika representation in the adult population, AOD service consumers and DHB and NGO workforce

Problem gambling service use is recorded by the CLIC database. This information is not available by region. Figure 9 shows the proportion of Pasifika in the national adult population, as consumers of problem gambling services (both in the 20 – 64 years age range) and in the problem gambling workforce. Pasifika representation in the workforce (11 percent) is well below that of Pasifika people as a percentage of total consumers (20 per cent).

Figure 9. Pasifika representation in the national adult population, as problem gambling service consumers and in the workforce

Summary: Pasifika people in the workforce

More than half of the respondents from DHB and NGO services were concerned about potential future shortages of Pasifika staff to fill clinical roles. NGO respondents were also concerned about future shortages of Pasifika staff for non-clinical roles. In addition, the workforce in Pasifika cultural advice and support roles was very small at 5 FTEs employed.

Sixty organisations reported employing Pasifika people in their workforce, totalling 321 FTE positions (5 per cent of the total reported workforce). Pasifika people were as likely to be employed in community services as the rest of the workforce, and were more likely to be employed in mental health residential services than inpatient services.

Six per cent of those people using adult mental health and AOD services were identified as being of Pasifika ethnicity in PRIMHD. There was a smaller proportion of Pasifika people in the total workforce than as consumers of services (5 per cent compared to 6 per cent).

Pasifika representation in the workforce was highest in NGO services and non-clinical, administration and management roles (5 to 7 per cent) and low in DHB services (3 per cent) and in clinical roles (3 per cent). The low proportion of Pasifika people in the DHB workforce was reflected across service types. Pasifika representation in the mental health clinical workforce was particularly low (3 per cent) compared to the mental health non-clinical workforce and the addiction workforce for all roles (6 to 7 per cent).

Dedicated Pasifika services

Increasing Pasifika leadership in the design and delivery of services was a key recommendation of the *Pacific Health Workforce Service Forecast* report (Pacific Perspectives, 2013). Dedicated Pasifika services are one aspect of such service design and innovation. This section describes the *More than numbers* survey results for dedicated Pasifika services.

Respondents from 11 organisations reported delivering dedicated Pasifika services, including four DHBs and seven NGOs. Of these 11 organisations:

- nine provided Pasifika mental health services (three DHBs and six NGOs)[6]
- four provided Pasifika addiction services (one DHB and three NGOs)
- two NGOs provided both Pasifika mental health and addiction services.

The total workforce in Pasifika services was 143 FTE positions (employed plus vacant), which was two per cent of the total workforce reported to the survey (8,929 FTEs employed and vacant). The average workforce size in Pasifika services was 13 FTEs.

Most (84 per cent) of the workforce in Pasifika services identified as Pasifika, with similar rates in clinical roles (83 per cent) compared to non-clinical, administration and management roles (85 per cent).

Workforce in Pasifika services

DHBs and NGOs both reported half the workforce in Pasifika services (72 FTEs and 71 FTEs respectively), see Figure 10. Most (76 per cent) of this workforce delivered mental health services (109 FTEs) and 24 per cent delivered addiction services (34 FTEs). Within Pasifika mental health and addiction services, the workforce was evenly split between DHBs and NGOs.

[6] Including one NGO delivering combined mental health and addiction services.

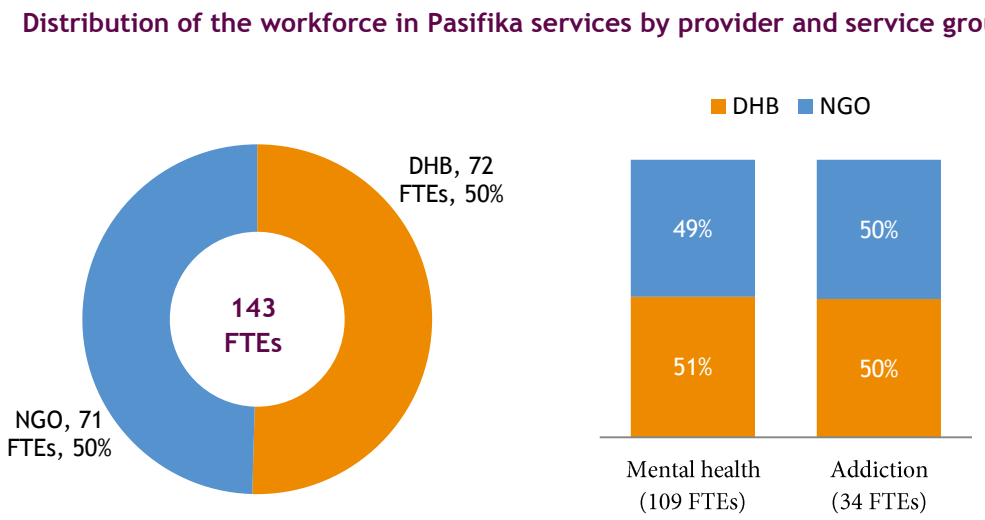

Figure 10. Distribution of the workforce reported by DHB and NGO Pasifika services, by providers and service groups

As shown in Figure 11, most of the workforce (83 per cent) reported by Pasifika services was located in the Northern region (118 FTEs), with another 15 FTEs based in the Central region and 10 FTEs in the South Island. No DHBs or NGOs reported Pasifika services in the Midland region and no DHBs reported Pasifika services in the South Island.

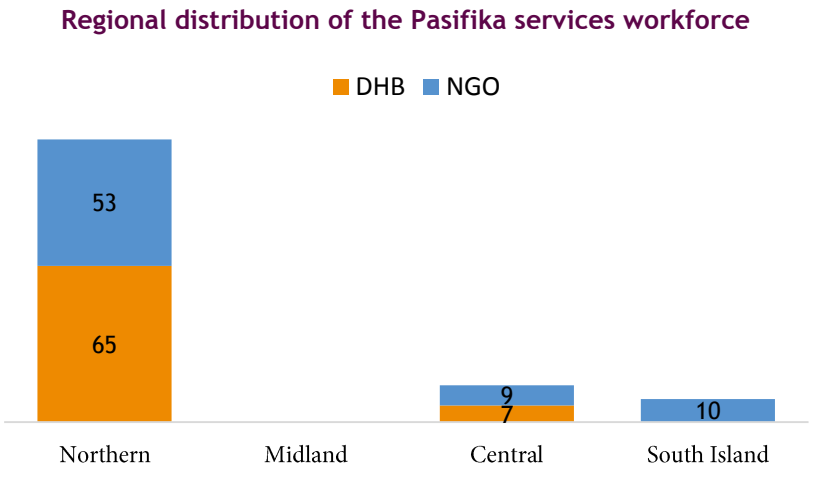

Figure 11. Regional distribution of the workforce reported by Pasifika services (143 FTEs)

Services delivered

In addition to reporting that the main service provided was a dedicated Pasifika service, respondents also selected the type of service provided.[7] The workforce reported by Pasifika addiction services provided all and only community services. There was greater variation in service type reported by Pasifika mental health services, with most (80 per cent) delivering community services, and some providing residential and forensic services (6 and 8 per cent respectively); administration and management; and other services (4 and 2 per cent respectively), see Figure 12.

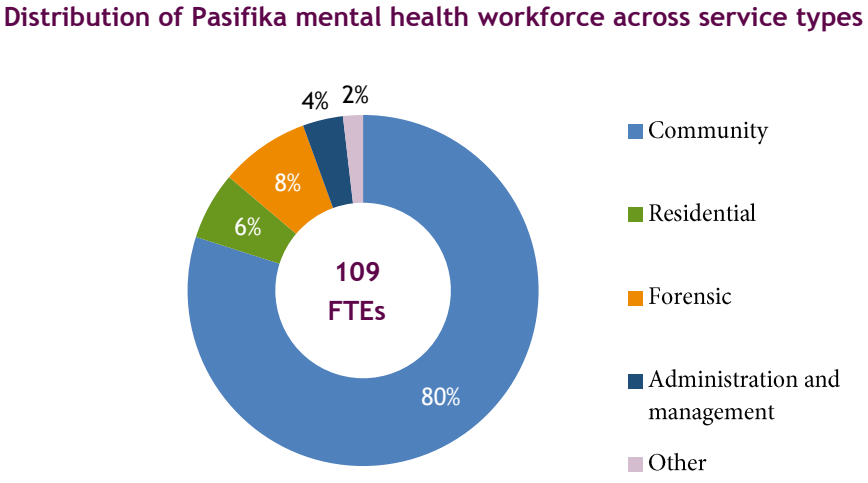

Figure 12. Distribution of the workforce in Pasifika mental health services by service types

Workforce development challenges for Pasifika services

To investigate workforce development and service delivery challenges, all respondents were asked questions about:

- workforce knowledge and skill development needs
- potential future recruitment and retention issues
- workforce challenges
- cross-sector relationships.

The following sections describe the survey results for dedicated Pasifika services, making comparisons to all services surveyed where relevant. Results presented are analysed by the number of respondents contributing information about their workforce, rather than by organisation.

[7] Respondents were asked to identify the predominant service delivered by their workforce, choosing from a pre-set list of common services. These results have been grouped into six service types (community, inpatient, residential, forensic, administration and management, and other services. The allocation of services into these service type groups is described in the appendix.

Knowledge and skills development needs

Respondents from Pasifika services identified whether their workforce needed to increase knowledge and skills in relation to a list of cultural and practical proficiencies drawn from current policy and practice priorities, including Le Va's *Engaging Pasifika* training and *Real skills plus Seitapu* (Le Va, 2009) framework. Nineteen respondents from Pasifika services (four from DHBs and 15 from NGOs) completed this question.[8]

More than half of these respondents reported that their workforce needed to increase Pasifika cultural knowledge and skills. However, for the most part, a greater proportion of respondents from mainstream services reported needing an increase in skills compared to those from Pasifika services. The only exception was confidence in Pasifika languages, for which 79 per cent of Pasifika service respondents thought their workforce needed to increase skills compared to 64 per cent of mainstream respondents. This exception reflects that this is a specialist skill more likely to be useful in Pasifika services than in mainstream.

Figure 13 shows the proportion of respondents from Pasifika services who identified that their workforce needed some or a large increase in knowledge and skills for working with Pasifika, comparing those with respondents from mainstream services and all survey respondents.

[8] The number of respondents for the whole survey is described in the earlier report section titled Cultural competence development needs in the overall workforce.

Figure 13. Proportion of respondents indicating that their workforce needs to increase knowledge and skills for working with Pasifika, comparing results from Pasifika, mainstream and all services

Figure 14 shows the Pasifika service results for other policy and practice areas. Key differences between these results and those of all respondents to the survey are described beneath the graph. Pasifika service respondents most commonly identified their workforce needed to increase skills in physical health assessment, and screening and brief interventions (79 per cent each). Co-existing problems capability was most commonly identified by respondents as needing a large increase (37 per cent).

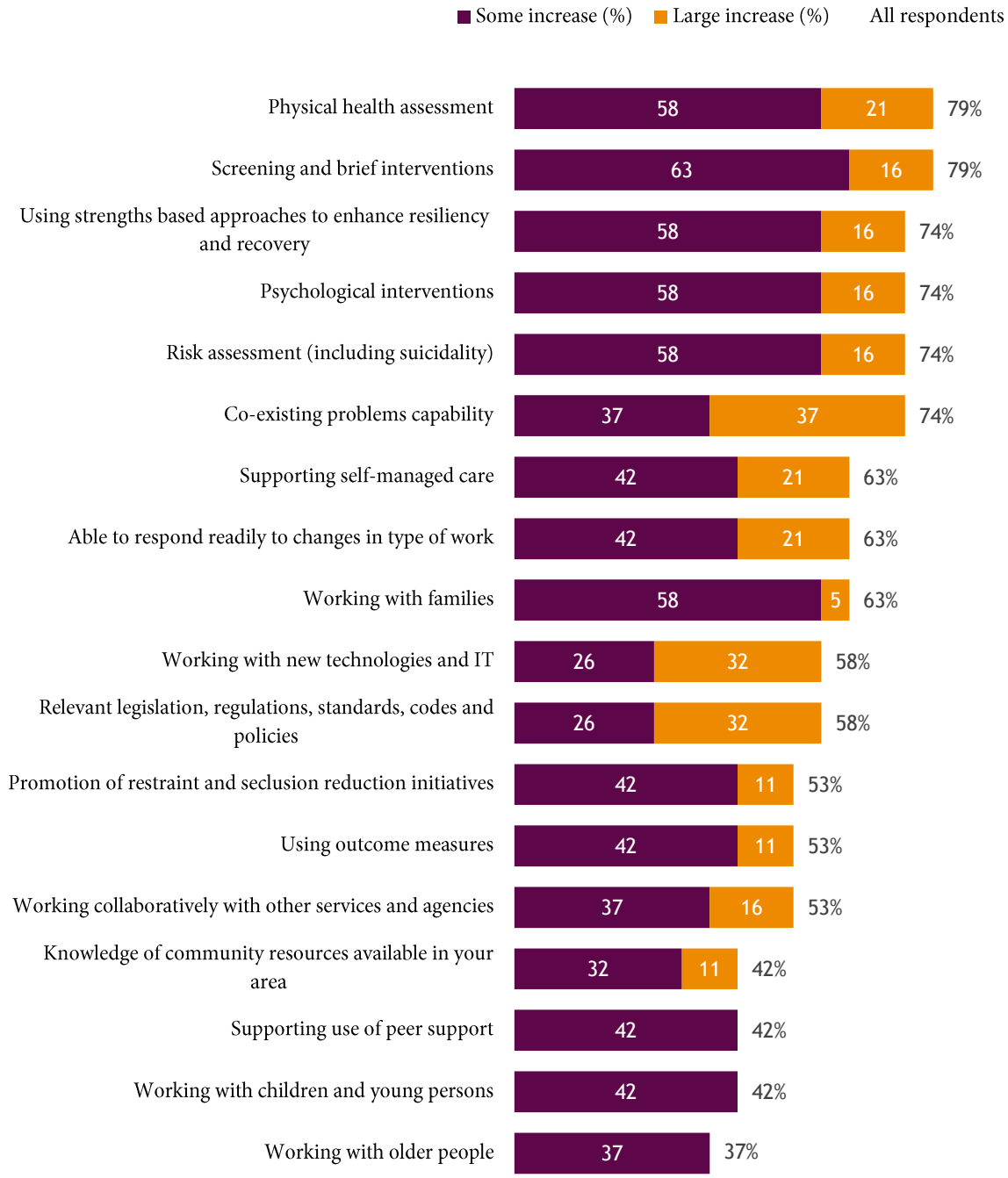

Figure 14. Proportion of Pasifika service respondents reporting their workforce needed some or a large increase in selected policy and practice areas

Compared to the overall survey results, a greater proportion of Pasifika service respondents thought their workforce needed to increase knowledge and skills in:

- physical health assessment (79 per cent of Pasifika service respondents compared to 58 per cent of all respondents)
- screening and brief interventions (79 per cent of Pasifika service respondents compared to 55 per cent of all respondents)

A smaller proportion of Pasifika respondents thought their workforce needed to increase skills for:

- working with older people (37 per cent of Pasifika service respondents compared to 58 per cent of all respondents)
- working with new technologies and IT (58 per cent of Pasifika service respondents compared to 80 per cent of all respondents).

These findings potentially reflect differences in the approaches used by Pasifika services compared to other services, and differences in the health needs of Pasifika consumers compared to other population groups.

Recruitment and retention issues

Pasifika service respondents were asked whether, over the next two years, they thought there was risk of a shortage of Pasifika staff members for clinical and non-clinical roles.[9] Eighteen respondents from Pasifika services completed this question (four DHB respondents and 14 NGO respondents).

Figure 15 shows that none of the Pasifika service respondents thought there would be about right numbers of Pasifika staff for clinical roles. Instead, most respondents (84 per cent) thought there would be some or a large shortage of Pasifika staff for clinical roles. In contrast, a smaller proportion of respondents thought the same about Pasifika staff for non-clinical roles (33 per cent of 12 responses) and 42 per cent thought there would be about right numbers for non-clinical roles.

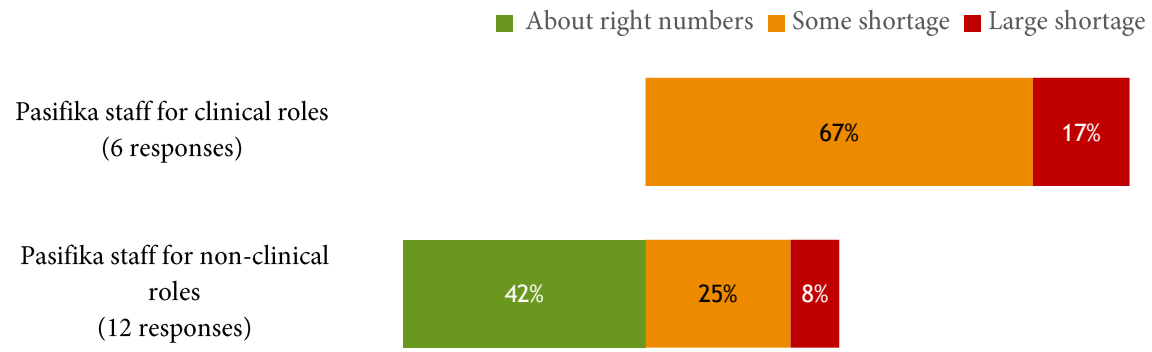

Figure 15. Proportion of Pasifika service respondents reporting potential future recruitment and retention issues for Pasifika staff to fill clinical and non-clinical roles (n=18)

Pasifika service responses to this question differed from all survey responses in the following ways.

- None of the Pasifika service respondents thought the numbers of Pasifika staff for clinical roles would be about right, compared to 20 per cent of all survey respondents.

[9] In this analysis non-clinical roles includes administration and management roles.

- A larger proportion of Pasifika service respondents thought there would be some shortage (67 per cent) or a large shortage (17 per cent) of Pasifika staff for clinical roles compared to 47 and 9 per cent of all survey respondents.
- A larger proportion of Pasifika service respondents (42 per cent) thought the numbers of Pasifika staff for non-clinical roles would be about right, compared to all survey respondents (33 per cent).

Workforce challenges

Fifteen respondents from Pasifika services (three from DHBs and 12 from NGOs) identified their top four workforce challenges. The question asked respondents to rank a pre-set list of seven challenges from 1 to 4 (1 being the highest).

DHB Pasifika service respondents most commonly identified managing pressure on staff due to increased complexity, and recruiting qualified and experienced staff as their biggest challenges. In contrast, those from NGO Pasifika services most commonly identified static or reduced funds as their biggest challenge.

Table 7. *Top four workforce challenges as ranked by DHB and NGO Pasifika services*

Challenges	Proportion of Pasifika service respondents ranking in top four			All surveyed respondents
	DHB	NGO	Total	
Number of respondents	3	12	15	647
Static or reduced funds	33.3%	66.7%*	60.0%	54.7%*
Managing pressure on staff due to increased complexity	66.7%*	58.3%	60.0%	63.5%
Retaining qualified and experienced staff	66.7%	50.0%	53.3%	48.1%
Recruiting qualified and experienced staff	66.7%*	50.0%	53.3%	53.6%
Cost of training and other professional development	33.3%	41.7%	40.0%	45.1%
Managing pressure on staff due to increased demand for service	33.3%	41.7%	40.0%	63.5%
Managing pressure due to changing service delivery models	66.7%	33.3%	40.0%	43.1%

Note: * an asterisk marks those most commonly ranked as number one.

Compared to the overall survey results, a larger proportion of respondents from Pasifika services selected static or reduced funds in their top four challenges (60 per cent of Pasifika service respondents compared to 55 per cent of all survey respondents). A smaller proportion selected

managing pressure on staff due to increased demand for service (40 per cent of Pasifika service respondents compared to 64 per cent of all survey respondents).

Cross-sector relationships

Eighteen respondents from Pasifika services (four from DHBs and 14 from NGOs) completed the question about cross-sector relationships. They were asked to indicate the strength of relationships with selected services and sectors, choosing from working adequately, working well or needs improvement. Most respondents (56 to 80 per cent) thought their relationships were working adequately with the listed sectors and services.

Respondents from Pasifika services most commonly reported that relationships were working well with:

- the family violence sector (33 per cent of respondents)
- child and adolescent mental health services (31 per cent)
- general hospitals and emergency departments (29 per cent).

Respondents from Pasifika services most commonly reported that relationships needed to improve with:

- Housing New Zealand and other accommodation providers (31 per cent)
- the disability sector (31 per cent)
- Police (29 per cent).
- general hospitals and emergency departments (29 per cent).

Figure 16 shows the proportion of Pasifika service respondents who identified that relationships needed to improve (orange), were working adequately (purple) or well (green). Results are sorted in decreasing order from those with the highest proportion of needing improvement responses to those with the least. The number to the far right of each bar is the total number of respondents.

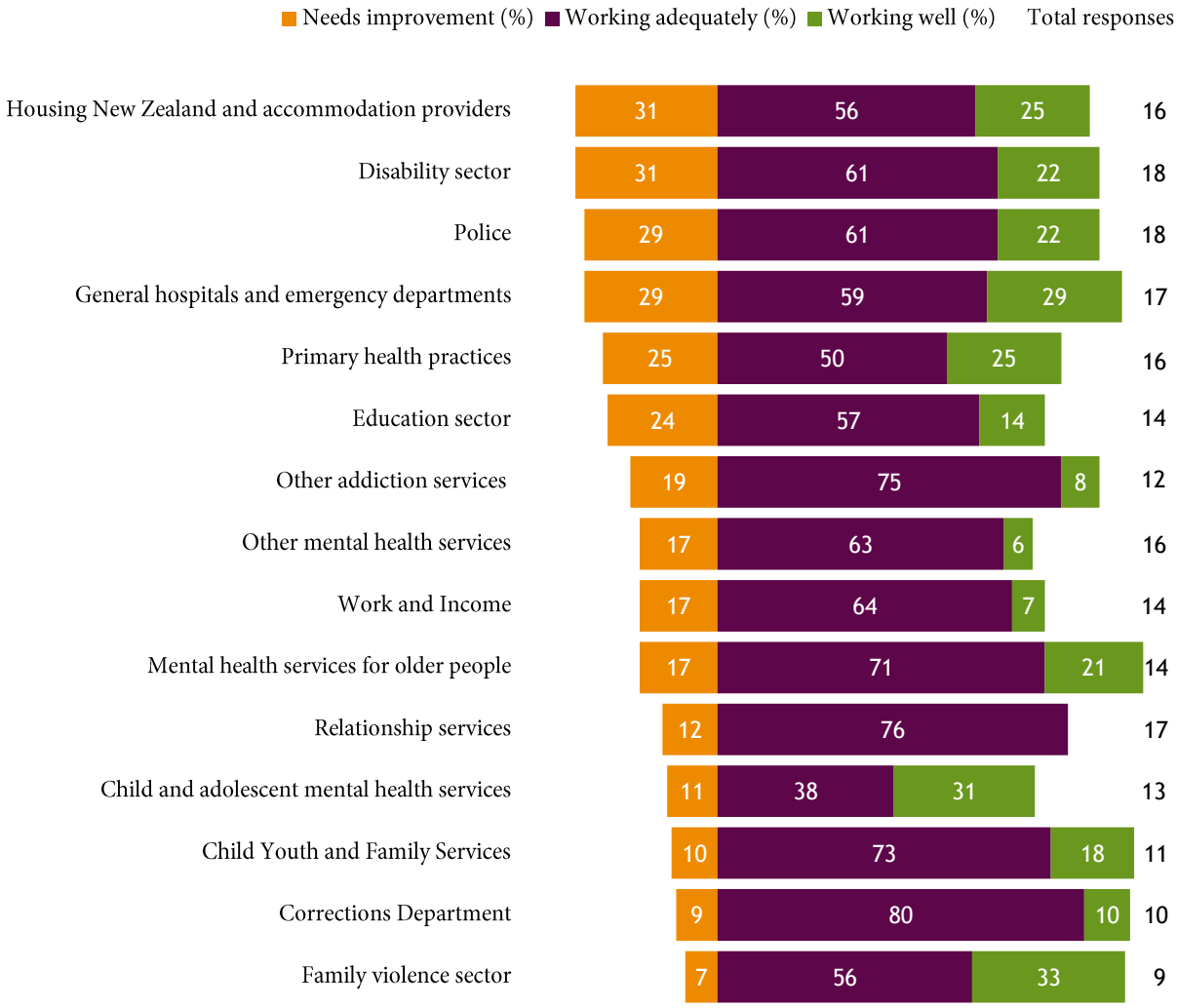

Figure 16. Proportion of Pasifika service respondents indicating the strength of relationships with other services and sectors

Some of the results from Pasifika services differed from the overall survey results in regards to relationships reported as working well.

- A greater proportion of respondents from Pasifika services thought relationships were working well with the family violence sector (33 per cent compared to 21 per cent of all respondents)
- A smaller proportion of respondents from Pasifika services thought relationships were working well with:
    - other mental health services (6 per cent compared to 37 per cent of all respondents)
    - other addiction services (8 per cent compared to 35 per cent of all respondents).

Some results from Pasifika service also differed from the overall survey results in regards to relationships reported as needing to improve.

- A greater proportion of respondents from Pasifika services thought that relationships needed to improve with Police (29 per cent compared to 12 per cent of all respondents)
- A smaller proportion of respondents from Pasifika services thought that relationships needed to improve with:
    - Child Youth and Family Services (10 per cent compared to 25 per cent of all respondents)
    - the family violence sector (7 per cent compared to 25 per cent of all respondents).

Summary of Pasifika services results

Dedicated Pasifika services were reported to the survey by four DHBs and seven NGOs. The total workforce in these services was 143 FTE positions (employed plus vacant) - half in DHBs and half in NGOs. The majority of the workforce in Pasifika services (83 per cent) was located in the Northern region. In addition, most (84 per cent) of the workforce in Pasifika services were identified as being in the Pasifika ethnic group.

Three-quarters of the workforce in Pasifika services was in mental health services, with 24 per cent in addiction services. Most of the Pasifika mental health workforce and all of the addiction workforce provided community services. Pasifika mental health services also had small workforces delivering residential, forensic and other services.

Compared to the overall survey results, a greater proportion of Pasifika services reported that:

- their workforce needed to increase confidence in one or more Pasifika languages
- they were concerned about potential future shortages of Pasifika staff for clinical roles
- static or reduced funds was one of their top four workforce development challenges
- relationships were working well with the family violence sector
- relationships needed to improve with Police.

Cultural competence development needs in the adult mental health and addiction workforce

All survey respondents were asked to identify whether their workforce needed to increase knowledge and skills in relation to a list of Pasifika cultural competencies drawn from Le Va's Engaging Pasifika training and *Real Skills plus Seitapu* framework (Le Va, 2009). These included the following.

- Cultural competence for working with Pasifika ethnic groups.
- Knowledge of Pasifika family values, structures and concepts.
- Knowledge of Pasifika cultural models of health.
- Knowledge of the basic concepts of tapu across a range of Pasifika cultures.
- Knowledge and skills in the engagement process when working with Pasifika ethnic groups.
- Confidence in one or more Pasifika languages.

In total, 772 out of 808 respondents completed the question on workforce knowledge and skills, giving a 96 per cent response rate. There were 234 responses received from DHBs and 538 from NGOs. The following analyses are based on the number of respondents rather than organisations.

In general, most (72 to 88 per cent) respondents from DHB services thought their workforce needed some or a large increase in knowledge and skills for working with Pasifika. In particular, cultural competence for working with Pasifika ethnic groups, knowledge of family values, structures and concepts, basic concepts of tapu and cultural models of health. Although fewer respondents identified the need to increase confidence in one or more Pasifika languages, nearly one-third (31 per cent) identified the need for a large increase in their workforce in this skill, see Figure 17.

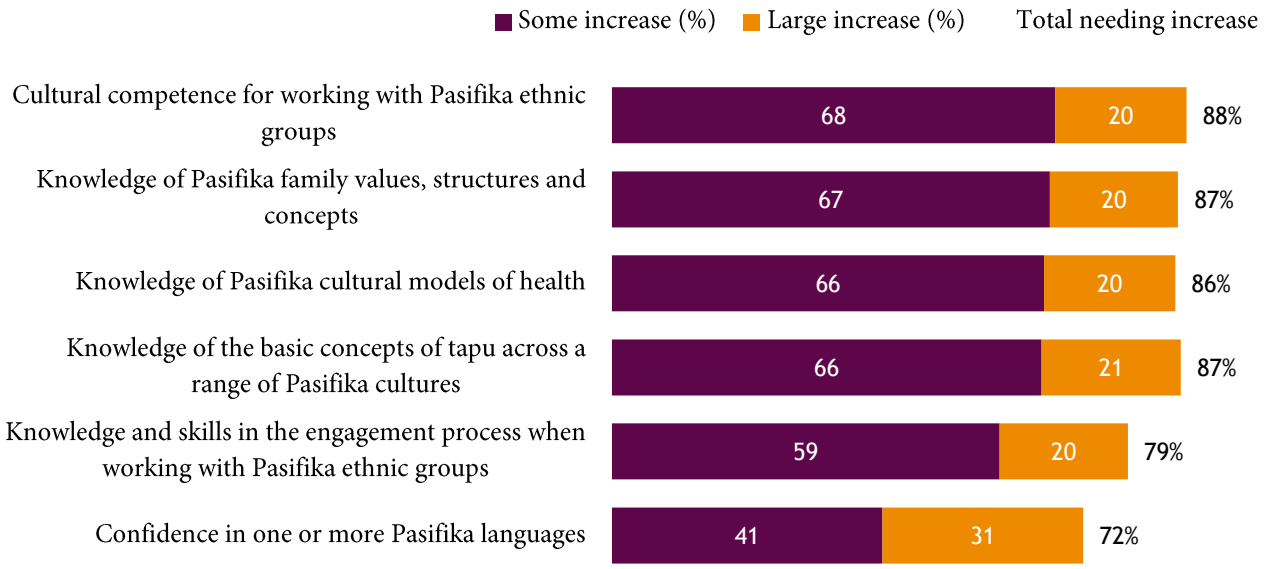

Figure 17. Proportion of DHB respondents identifying their workforce needed some or a large increase in knowledge and skills for working with Pasifika (n=234 respondents).

A smaller proportion of NGO respondents (61 to 75 per cent) identified that their workforce needed to increase knowledge and skills in relation to working with Pasifika. In relation to knowledge of the engagement process when working with Pasifika ethnic groups, results from NGOs were similar to DHBs (75 per cent compared to 79 per cent of DHB respondents). In addition, a similar proportion of NGO respondents thought their workforce needed a large increase in confidence in one or more Pasifika languages (29 per cent compared to 31 per cent of DHB respondents), see Figure 18.

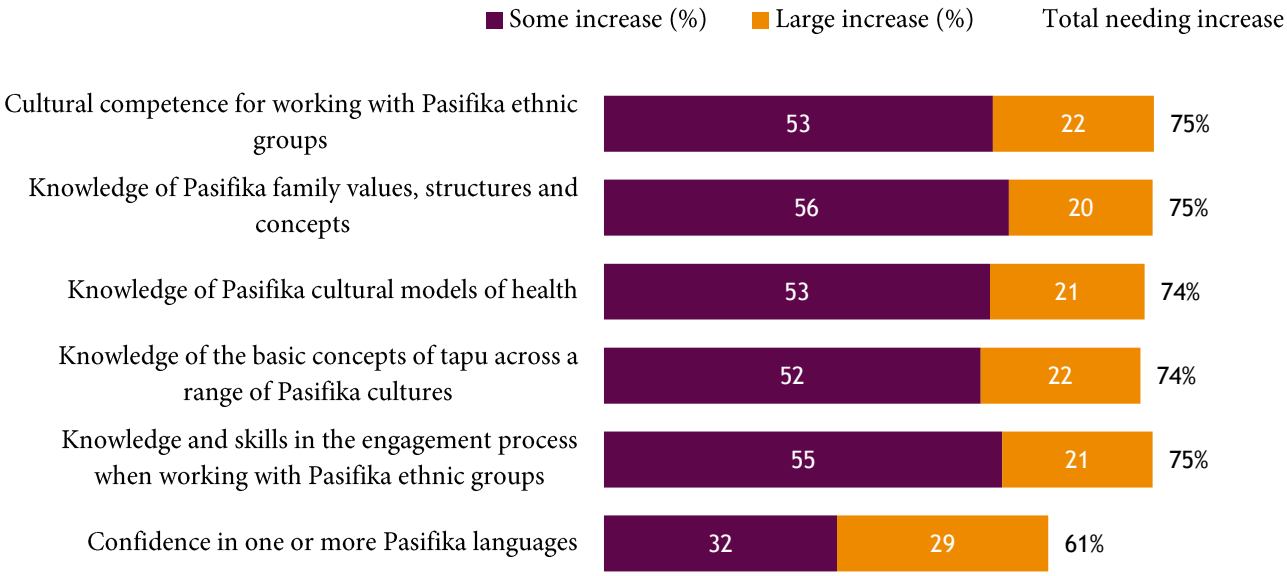

Figure 18. Proportion of NGO respondents identifying their workforce needed some or a large increase in knowledge and skills for working with Pasifika (n=538 respondents).

A similar proportion of respondents from mental health services identified the need for some or a large increase in workforce knowledge and skills for working with Pasifika compared to addiction services.

However, there was a marked difference between respondents from DHB mental health services compared to DHB addiction services. Table 8 shows that at least 91 per cent of respondents from DHB addiction services identified the need for an increase in most Pasifika cultural competency areas, including languages. In contrast, NGO addiction services were slightly less likely to report the need for some or a large increase compared to NGO mental health services (57 to 73 per cent compared to 62 to 77 per cent).

Table 8. *Proportion of respondents reporting the need for some or a large increase in knowledge and skills for working with Pasifika, by DHB and NGO, in mental health and addiction services*

Some or large increases needed in:	Mental Health (%)			Addiction (%)		
	DHB n = 192	NGO n = 435	Total n = 627	DHB n = 42	NGO n = 103	Total n = 145
Cultural competence for working with Pasifika ethnic groups	85.9	76.8	79.6	97.6	69.9	77.9
Knowledge of Pasifika family values, structures and concepts	84.9	76.1	78.8	95.2	71.8	78.6
Knowledge of Pasifika cultural models of health	84.4	75.6	78.3	95.2	68.0	75.9
Knowledge of the basic concepts of tapu across a range of Pasifika cultures	85.4	74.9	78.1	95.2	68.0	75.9
Knowledge and skills in the engagement process when working with Pasifika ethnic groups	82.8	75.9	78.0	61.9	72.8	69.9
Confidence in one or more Pasifika languages	68.2	61.8	63.8	90.5	57.3	63.4

In general, a high proportion of all survey respondents thought their workforce needed to increase knowledge and skills for working with Pasifika. Most DHB respondents and around three-quarters of NGO respondents thought there was a need for some or a large increase, suggesting an ongoing need for workforce development strategies in these areas.

Concluding comments

This report has presented results from the Te Pou and Matua Raki *More than numbers* organisation workforce survey of Vote Health funded adult mental health and addiction services that are relevant to Pasifika workforce development strategies, in particular:

- Pasifika people in the overall workforce
- the workforce in dedicated Pasifika services and their development needs
- cultural competence for working with Pasifika in the overall workforce.

Across the entire workforce, the employment of Pasifika staff members accounted for 5 per cent of the total FTE workforce.

Pasifika representation in the workforce was lower than the ratios of Pasifika adults in the population and as consumers of services (6 per cent each). Pasifika representation in the workforce was very low in DHB services (3 per cent) and in clinical roles (3 per cent).

Half of all respondents were concerned about potential future shortages of Pasifika staff to fill clinical roles, and there were few Pasifika cultural advice and support roles reported. These results indicate the need to continue to attract and grow the workforce in Pasifika clinical roles and cultural leadership roles through a variety of strategies including tertiary education scholarships and health career promotion, development of new career pathways and specialist practice (Pasifika Perspectives, 2013).

The workforce ethnicity question had one of the lowest response rates of all survey items (86 per cent). Improving the collection and reporting of workforce ethnicity should be a priority for mental health and addiction services. These actions will provide quality information to support future workforce development strategies to improve the cultural responsiveness of services to Pasifika people, increase access to services and, ultimately, improve health outcomes.

The workforce in dedicated Pasifika services was small (142 FTEs employed plus vacant), equating to 2 per cent of the total workforce reported to the survey. Three-quarters of this workforce delivered mental health services and one-quarter delivered addiction services. Most dedicated Pasifika services were located in the Northern region. Compared to other services, Pasifika services were more likely to indicate the need for workforce development in Pasifika language skills and were more likely to identify concerns about future shortages of Pasifika staff for clinical roles. Continued investment in innovative models of care suited to Pasifika health needs will support the growth of dedicated Pasifika services.

Most (62 to 98 per cent) survey respondents identified their workforce needed some or large increases in knowledge and skills associated with Pasifika cultural competencies. DHB respondents were more likely to report some or a large need for workforce development in these areas compared to NGOs. These results indicate the continued need for workforce training and development in these areas.

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Appendices

Appendix A: Service type groups

Respondents self-reported the predominant service provided by their workforce choosing from a pre-set list of options. Survey responses have been consolidated into service type groups as described below.

Group name	Services included	
	Mental health	Addiction
Residential and inpatient	Residential Inpatient	Residential addiction treatment Withdrawal management (inpatient)
Community	Community Crisis assessment and emergency treatment Early intervention Home-based treatment Maternal mental health Psychiatric liaison Peer support Family and whānau support	Problem gambling interventions Dual diagnosis and co-existing problems services Community-based services (home, community) Opioid treatment services Peer support Withdrawal management (home, community)
Forensic	Forensic – inpatient Forensic – community	
Administration, management and support	Administration, management and support	Administration, management and support
Other	Employment Advocacy	Housing/supportive landlord Driving programmes Consumer advisor services

Appendix B: Data dictionary on ethnicity and ethnic groups

For this survey, ethnicity was defined according to the ethnicity data protocols for the health and disability sector. These are available at: www.health.govt.nz/publications/ethnicity-data-protocols-health-and-disability-sector. The text below displays how ethnicity is grouped under these protocols.

Ethnicity	Includes			
Māori	Māori			
Pasifika	*Samoan* *Fijian* Except Fijian Indian Indo-Fijian	*Tongan* *Cook Islands:* Aitutaki Islander Atiu Islander Cook Island Māori Mangaia Islander Manihiki Islander Mauke Islander Mitiaro Islander Palmerston Islander Penrhyn Islander Pukapuka Islander Rakahanga Islander Rarotongan	*Niuean* *Others including:* Admiralty Islander Austral Islander Australian Aboriginal Belau/Palau Islander Bismark Archipelagoan Bougainvillean Caroline Islander Easter Islander Gambier Islander Guadalcanalian Guam Islander/ Chamorro Hawaiian I-Kiribati/ Gilbertese Kanaka/Kanak Malaitian Manus Islander Marianas Islander Marquesas Islander Marshall Islander Nauru Islander New Britain Islander	*Tokelauan* New Georgian/ New Irelander Ocean Islander Banaban Papuan New Guinean Phoenix Islander Pitcairn Islander Rotuman Islander Santa Cruz Islander Society Islander (incl. Tahitian) Solomon Islander Thursday Islander Torres Strait Islander Tuamotu Islander Tuvalu Islander Ellice Islander Vanuatu Islander New Hebridean Wake Islander Wallis Islander Yap Islander
Asian	Burmese Cambodian Filipino Indonesian/ Javanese Kampuchean/ Khmer Lao/Laotian Malay/Malayan South East Asian Sundanese/ Sumatran Thai/Tai/Siamese Vietnamese	Chinese Hong Kong Chinese Kampuchean Chinese Malaysian Chinese Singaporean Chinese Taiwanese Chinese Vietnamese Chinese	Anglo Indian Bengali Fijian Indian Gujarati Indian Punjabi Sikh Tamil Afghani Bangladesh Eurasiani	Japanese Korean Nepalese Other Asian Pakistani Sinhalese Tibetan Sri Lankan Tamil

Appendix C: Data dictionary on cultural advice and support roles

The following table presents descriptions of cultural advice and support roles described in the survey. These roles were based on roles in the Australian and New Zealand Standard Classification of Occupation (ANZSCO) tables, roles described in previous surveys conducted by Matua Raki, the Werry Centre and Platform Trust, identified in a review of prior documents and by sector intelligence.

Note: In the third column, the six-digit numerical codes are the ANZSCO codes.

Role	Description	Included on other surveys and occupation classification codes
Cultural supervisor	Facilitates a process that explores and reconciles clinical and cultural issues. Provide appropriate management strategies, and develops skills and confidence for supervisees working across cultures, and/or wishing to retain their cultural identity and integrity. Cultural supervision may take place on a one-to-one basis or as part of a group.	
Kaumātua and kuia	Elders or knowledgeable Māori who offer cultural support to the workforce and/or consult and liaison role with whānau, hapū, iwi and/or hapori.	Werry Centre, NgOIT
Kaiāwhina	Includes a number of roles including community health workers, support workers, addiction practitioners and counsellors. Responsible for delivering services that will assist consumers and family and whānau to improve access to services, exercise better self-management of their health and wellbeing, and/or improve relationships and networks in the community and with other services.	Werry Centre, NgOIT 411512
Traditional Māori health practitioner	Rongoā Māori is the traditional healing system of Māori, incorporating the use of plant-based remedies, physical therapies and spiritual healing. Tohunga are the practitioners of Rongoā Māori.	252215
Matua	Elders or knowledgeable Pasifika who offer cultural support to the workforce and/or consult and liaise with Pasifika consumers/tāngata whai ora and families and whānau.	
Pasifika cultural advisor	Elders or knowledgeable Pasifika who offer cultural support to the workforce and/or consult and liaise with Pasifika consumers/tāngata whai ora and families and whānau.	
Other cultural advisor		Matua Raki, Werry Centre