



Rangatahi Programme Health Workforce Development Pilot Project Report



Auckland District Health Board

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Front cover (left to right): Te Waiata Tepu; Cath Waetford (foreground); Marcia Walker; Nadine Maloney; Lifeimi Teu; Steve Watkinson; Bradley Watkinson (kneeling); Patrick Chase; James Watkinson; Sikana Ross

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Foreword

In 2005, a number of people attended a symposium in Wellington convened by the Health Workforce Advisory Committee (HWAC) and the Royal Society of New Zealand. The forum was an opportunity for educationalists, health professionals, employers and students to share innovative ideas and ways to encourage Māori and Pasifika students into science, health, and technology careers.

The forum highlighted a variety of programmes that had been successful, and in particular, mentoring and transitional programmes. Consensus was in favour of continued development of these programmes and recommendations were made by the Māori Sub-Committee of the Health Workforce Advisory Committee to the Minister of Health at that time. The ADHB Rangatahi Māori Mentoring Pilot Programme has drawn heavily on the expertise and advice given to HWAC and the sector which has informed the development of this project.

Implementation of this, or arguably any programme of this nature, would not have been possible without the support of parents and whānau. In this case the motivation and inspiration to deliver a programme that would deliver 'real' results for rangatahi started in the marae kitchen of Nga Puna o Waiorea (Western Springs College) where the pilot has been based, and where meetings and discussions about good ideas should continue.

Nga Mihi

He mihi nui kia koutou i hapai matou i ō matou mahi. Kia koutou i hoatu i tautoko ai i te kaupapa, ara, i koha ai i te matauranga ki te roopu kia hapai i nga Rangatahi Māori, no reira tena koutou, tena koutou, tena tatou katoa.

The project team would like to acknowledge the following people, organisations, and governmental departments that have assisted and supported the pilot programme:

- Rangatahi Māori and their whānau who have participated in the pilot
- Ken Havill, Principal, kaiako, teachers, and staff of Nga Puna o Waiorea (Western Springs College)
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Executive Summary

The health sector faces a shortage of health professionals, and a greater shortage of those with an understanding of Māori health perspectives, values and beliefs. The demand for Māori health professionals able to provide culturally appropriate mainstream health services and Māori-specific services is predicted to continue. Increasing the absolute and comparative numbers of Māori working in health, and particularly front-line clinical roles, would effectively contribute to addressing both problems.

This health workforce development pilot Programme focuses on attracting new workers, in particular Māori secondary school leavers. The Programme actively recruits rangatahi Māori into the health workforce, minimising barriers for rangatahi Māori who make this choice. Current initiatives lack a comprehensive approach and either, exclude employers, or focus narrowly on recruitment of senior secondary school students into tertiary education programmes. This Programme places emphasis on creating optimism, and showing rangatahi Māori and their whānau that health careers are an achievable, realistic career option, then assists them along the pathway, or 'pipeline' to ensure rangatahi Māori successfully ride the hurdles of completing secondary school, into the tertiary health-related programme of their choice, and graduation into the health workforce.

This pilot Programme has been a partnership between the Auckland District Health Board (ADHB), the Māori community, and tertiary education providers in the Auckland region. The Programme is intended to provide a comprehensive and integrated approach to Māori health workforce development. The Programme has two essential components. The first is a community-based mentoring programme that supports rangatahi to attain better educational results and practical skills to enable direct entry into health-related tertiary programmes wherever possible. The mentoring programme explores the range of health career options available, and links rangatahi into the appropriate tertiary education health programme of their choice, maintaining a positive relationship with them for the duration of their course.

The second component, the ADHB Workforce Transition Programme, introduces Year 12 and 13 students to Māori and non-Māori clinicians and role models, and provides work-exposure opportunities in ADHB services for students while still in secondary school. Relationships are maintained with students during their undergraduate programme and while on clinical placement, with ongoing support, including part-time employment and inclusion in ADHB activities and events. Transition to the health workforce is complete with recruitment into the relevant new graduate programme (or similar) and commencement of employment in the health sector.

The overall Programme objective is to graduate ten new Māori health professionals into the health workforce from the Auckland region each year, with the first cohort graduating in 2010.

Introduction

Young people are our future. Over the last year, ADHB has piloted a workforce development programme designed to attract Māori secondary school leavers, into the health sector. The focus on rangatahi Māori is based on Māori having a youthful age structure with the proportion of school-aged children (13 - 18 year olds) predicted to make up approximately 20 percent of the New Zealand population by 2020, with a proportional increase in the number of Māori working-age (15 - 35 years) population (Statistics New Zealand, 2005). With the right investment, effective programmes targeting this population group have the potential to supply a growing, viable labour force for the health sector in the future, and contribute to building a workforce profile that more closely reflects the community served.

Current health workforce development initiatives aimed at attracting rangatahi Māori into the health and disability workforce, are falling short in delivering expected results. Evidence suggests that programmes designed to overcome systemic barriers to higher education and target student's attitudes to education have been the most successful. In particular, mentoring and transitioning programmes appear more effective in improving student performance, and increase retention rates in Māori tertiary student population (Health Workforce Advisory Committee, 2006; Ministry of Education, 2007).

The ADHB Rangatahi Māori Mentoring Programme (Rangatahi Programme) is based on a 'best practice' model for the recruitment of Māori secondary school students into the health workforce developed from the current literature and best available evidence (Waetford, 2007b).

The objectives of the Rangatahi Programme are:

1. To improve the readiness of Māori secondary school students to access tertiary education.
2. To improve the uptake of health careers by Māori secondary school students.
3. To establish effective and sustainable relationships with Māori students, whānau, and kaiako in kura kaupapa and rumaki reo in the Auckland region.
4. To work with all tertiary education providers in the Auckland region to support the students chosen career interest.

This report provides the background to the pilot Programme and some of the achievements to date. More importantly, the report outlines what has worked, as well as describing some of the lessons gained thus far. This report is not a formal evaluation of the Programme. It is anticipated that a formal evaluation and research study will be part of the next stage of Programme development.

Background

The environment for workforce development

There are a number of different drivers that support this workforce development initiative. Firstly, Māori are under-represented across almost all health professions, and over-represented as health-care users. The demand for Māori health professionals who are able to provide culturally appropriate mainstream health services and Māori-specific services will continue. Increasing the absolute and comparative numbers of Māori working in health, and particularly front-line clinical roles, would contribute to improved health outcomes for Maori.

Another key driver is the projected workforce demand. It is expected that the demand for labour in the health and disability sector will grow by between 40 percent and 69 percent (NZIER, 2004). Auckland's changing demographic profile provides additional impetus for strengthening the Māori health workforce in the region. According to the 2001 population census, around 30,000 Māori reside in the ADHB region, comprising 8.4% of the total ADHB population. However, the ADHB workforce profile does not yet reflect this diversity. Objective Two of the ADHB Workforce and HR strategic objectives and priorities 2006-2008 aims to recruit the right talent, including increasing the diversity of recruits by an increase in the number of Māori employees.

The Māori population has a younger age structure, and in the ADHB region close to one third of Māori are under the age of 15 years, and almost 20% are aged 15-24 years (Ministry of Health, 2006). ADHB has identified youth health, in particular rangatahi Māori as an area for future health gain in both the Strategic Plan (Auckland DHB, 2006a) and Child Health Improvement Plan (Auckland DHB, 2006b). These plans contend that a whole system approach and long-term view are required to have an impact in these areas. Current services in place for rangatahi Māori are generally aimed at problem areas such as mental health (drug and alcohol), sexual health, or youth at risk. There is a gap in services and programmes that address the broader determinants of health, recognising the need promote health and wellbeing from a wholistic whānau-centred perspective.

The New Zealand Health Strategy (Ministry of Health, 2000) recommends action that will foster and support Māori health workforce development. He Korowai Oranga, the Māori Health Strategy (Ministry of Health, 2002a) includes as one of its objectives, "To increase the number and improve the skills of the Māori health and disability workforce at all levels" and recommends that resources be directed to areas of greatest need including workforce development initiatives, such as targeted training programmes and scholarships. This initiative is designed to support the implementation of this strategy.

In a report by the HWAC Māori Sub-Committee (Health Workforce Advisory Committee, 2006) a number of recommendations were made to the Minister of Health at that time, aimed at encouraging Māori and Pasifika to work in health professions. HWAC set out three broad approaches to increasing the number of

Māori and Pasifika people working in health; (i) measures to retain existing workers, (ii) removing barriers to Māori and Pasifika people entering the health workforce, and (iii) actively attracting Māori and Pasifika people into the sector. Recommendations included; liaising with the education sector to revise and improve the teaching of science, the removal of barriers to entering health careers (including financial), and the investigation into the opportunities for a scheme such as *Futurein-Tech* to be developed for health professions, and supporting the development of 'ambassadors' programmes to address barriers to Māori uptake and success rates of science in high school, and entry into tertiary health programmes. These recommendations have informed the development of this initiative.

Durie (2000) states that Māori good health is dependant on Māori participation in society, and that health cannot be separated from socio-economic circumstances. Therein, programmes that aim to support and encourage whānau, and rangatahi Māori aspirations toward full participation in society through raised educational attainment, skilled professional labour workforce, and appropriate health services potentially brings with it improved health benefits such a societal position holds. This Programme contributes to the achievement of the broader health, social, economic, and educational goals for rangatahi Māori.

Alignment to national and regional strategies

Health sector

The Programme aligns with various national and regional health strategies and policies including the New Zealand Health Strategy (Ministry of Health, 2001) and He Korowai Oranga, the Māori Health Strategy (Ministry of Health, 2002b), as mentioned earlier. Raranga Tupuake: Māori Health Workforce Development Plan 2006 (Ministry of Health, 2006) sets out the Māori health workforce strategy for the next 10 to 15 years. Two of the goals identified in the Plan are to; (1) increase the number of Māori in the health workforce, (2) enable equitable access for Māori to training opportunities. The concept of access used in this report, refers to obtaining entry into and through educational opportunities in health fields in a timely manner and takes into account the educational outcome.

In the DHBNZ Workforce Action Plan three key priorities are identified; robust information, effective stakeholder relationships, and building strategic capacities, for sustainable workforce change (DHBNZ Board, 2003). It highlights the importance of supporting Māori workforce initiatives.

Māori health improvement through workforce development has also been identified as an ADHB population health priority, consistent with a number of national health policies. ADHB Workforce and HR Strategic Objectives and Priorities 2006 - 2008 including the objective to “recruit the right talent”, along with strategies including; (i) increase the diversity of new recruits so our workforce represents the communities we serve, and (ii) promote health careers as a positive career choice to young people, Māori and Pasifika people (Auckland District Health Board, 2006).

Education sector

The Tertiary Education Strategy 2002-2007 (Ministry of Education, 2007) identified six priorities, of which Strategy Two outlines that the education sector must, “Contribute to the achievement of Māori development aspirations” and identifies increased participation by Māori in both a broader range of disciplines and in programmes that lead to higher level qualifications as significant areas for advancement.

The Ministry of Education agree that lifting Māori participation and achievement in tertiary education can be achieved by facilitating new initiatives that provide better mentoring programmes and career guidance, and further enhancing pathways into training or higher education for Māori (Ministry of Education, 2007).

Ka Hikitia, the draft Māori Education Strategy 2008-2012 currently out for consultation (Ministry of Education, 2007) leads on from the previous strategy with objectives that strongly align with the objectives of the Rangatahi Programme. These include; increasing Māori student retention at school, increasing Māori school leavers with university entrance qualifications, and

increasing the number of Māori students beginning and competing bachelor's degrees within five years.

Education and training issues

Māori rates of participation in tertiary education, particularly in health-science programmes are particularly low (Ministry of Education, 2007), and Māori are under-represented across almost all health professions, particularly front-line clinical roles (Health Workforce Advisory Committee, 2006). Māori are less likely to choose a career in health, and are less likely than other students to take high school science subjects, and when they do, are less likely to pass. Without high school science credits, many students may be unable to enrol directly into health science programmes. Increasing an appropriately qualified Māori health workforce will rely on supporting secondary school students to attain better educational qualifications and practical skills to enter health-related tertiary programmes, recruitment of Māori into tertiary health-related courses of study (Health Workforce Advisory Committee, 2006). Linking with mentoring and transitional programmes will help ensure retention of Māori students at all levels, and successful transition into the health workforce (Waetford, 2007b).

Recent statistics show that fewer than 15% (13.3%) of rangatahi Māori leaving school in 2005 had sufficient qualifications to go directly into further study at degree level in the Auckland region (PHI Online, 2007). This Programme seeks to address this statistic as it has a negative impact on increasing the capacity of the Māori health workforce in the future.

Facilitating entry of Māori secondary school students into health careers will require a coordinated, multi-faceted approach including: the commitment and encouragement of teachers and whānau to support their rangatahi to achieve success (Hill & Hawk, 2000; Tuuta, Bradnam, Hynds, Higgins, & Broughton, 2004), that Māori secondary school students leave school suitably qualified to enter health courses (Health Workforce Advisory Committee, 2006), have access to appropriate career information early including workplace experience (Waetford, 2007b), have access to financial support such as scholarships for tertiary education (Ratima et al., 2007), have access to role models and mentors to influence them to take up a career in health, and support them in their journey through to employment.

Affordability has also been shown to be a major barrier for rangatahi Māori accessing tertiary education (Ratima et al., 2007). Financial assistance, in the form of scholarships, is an important component of improving access to tertiary education, and is an integral component of any comprehensive workforce development Programme.

Current initiatives

There are a number of workforce development initiatives in progress in Auckland, the main projects from secondary school and tertiary level are outlined here to demonstrate the range, and to highlight the points of difference this Programme offers. A more comprehensive description can be found in the *New Traditions: Best practice for promoting Māori secondary school students into health careers report*¹ (Waetford, 2007b).

Secondary school initiatives

The Ministry of Education set up the STAR programme (Secondary Tertiary Alignment Resource) with a single goal of assisting senior secondary school students to find suitable pathways into work or further study at secondary or tertiary level (Vaughn & Kenneally, 2003). STAR has two means by which it may achieve this goal: (i) facilitate smooth transition and access from schooling to employment, including work-based learning; or tertiary type study or training, (ii) improve retention in senior secondary schooling.

The Tertiary Education Commission established the Gateway Programme and provides senior school students (Year 11–13) with structured learning opportunities in workplaces, integrated with school based studies (Tertiary Education Commission, 2003). In some instances there is an opportunity to work toward a national qualification in the career of their choice that is incorporated into the students overall study programme and assessment against unit standards.

The Designing Careers programme is aimed at improving the quality of careers information and guidance to students. This supports students to take advantage of the opportunities that NCEA, vocational education and training programmes and the expanding range of tertiary pathways offer (Education Review Office, 2006).

These programmes are valuable but do not specifically target Māori, are offered only to senior students, have limitations in scope and health career focus, and do not provide comprehensive integration of key workforce development programme components.

Tertiary provider initiatives

The Vision 20:20 programme at the University of Auckland's Faculty of Medicine and Health Sciences is aimed at increasing the number of Māori training in health disciplines. It has three components – the Māori and Pacific Admissions Scheme (MAPAS), the Whakapiki Ake Project, and the Hikitia te Oranga o te Iwi – Certificate in Health Sciences. MAPAS students receive a range of support over the duration of their undergraduate course. The Whakapiki Ake Project recruits Year 13 Māori secondary school students into the Certificate of Health Sciences

¹ The "New Traditions" report was written for ADHB to support the development of Māori workforce development initiatives. It proposes a 'best practice' model for the recruitment of Māori secondary school students into the health workforce. The model is based on a Māori health workforce development pathway model, and builds on current recruitment initiatives targeted at secondary school students. The report is available on request.

by visiting schools and exposing students to the tertiary environment. Hikitia te Oranga o te Iwi – Certificate in Health Science is a bridging level course preparing school leavers and young adults to enter health-related tertiary courses.

The Faculty of Health and Environmental Studies at AUT University established Te Ara Hauora Māori pathway. This pathway provides opportunities for undergraduate degree students to pursue a career path in Māori health across a range of disciplines. Aspects of the programme include incorporation of Māori health papers, access to learning support, regular hui and peer support, and access to student mentors.

Employer initiatives

The 'Whatcha Gonna Do' Programme (Graham, 2007) run by the Counties Manukau District Health Board aims to increase young people's interest and uptake of science, and increase the number of secondary school students studying health courses, with emphasis on Māori and Pasifika students in South Auckland schools. Counties staff visit schools and promote health careers to students using an informative presentation, including a promotional DVD. Links with careers advisors and science teachers in the schools help identify suitable students. The programme runs science camps for Year 9 and 10 students, and a day where Year 11 and 12 students attend a tour of the hospital, listening to presentations and participating in interactive activities. There is also a partnership with the South Auckland Health Foundation, to provide scholarships programme for eligible students (<http://www.sahf.org.nz>).

The Workchoice Trust, is a not-for-profit organisation funded by a number of city councils and industry partners that promotes Workchoice Day (Workchoice Trust, 2007). "Workchoice Day" is held annually on a national basis, linking Year 12 students with industry partners and taking students into the workplace to support students to make informed career choices. Up to 40 students may be hosted on the day. Industry partners cover a broad range of career avenues including; hospitality, information technology, commerce, advertising and marketing, law, and fashion industry.

Summary

There are a number of initiatives the focus on marketing and student recruitment into tertiary education. These programmes tend to 'visit' schools and have limited, if any, focus on working with the students during their secondary school years, and lack follow-through, such as a transition phase, into employment. The school – work transition is one of the most important (early) transitions in young people's lives, yet current programmes do not address this stage.

Research indicates that a successful Māori health workforce development programme would benefit from a more comprehensive collaborative approach starting from secondary school, right through to employment. The research also tells us that effective mentoring and transitioning programmes provide greater

success engaging with Māori secondary school students and assisting them to achieve academically. Real world learning is also important, and the provision of work-based learning opportunities, workplace exposure, and workplace experience for rangatahi Māori contributes positively to career decision-making and successful participation in health tertiary education programmes.

The Rangatahi Programme is consistent with national and regional health workforce development strategies, is based on the best available evidence, and builds on current initiatives and addresses gaps that support successful transition for rangatahi Māori. The Rangatahi Programme is a coordinated, collaborative partnership between Māori school communities, an employer of the health workforce (ADHB), and Auckland regional tertiary education providers (AUT University, Manukau Institute of Technology, University of Auckland, and UNITEC).

The “Rangatahi Programme”

The Rangatahi Programme is modelled on a workforce development pathway, or ‘pipeline’ model, to co-ordinate and integrate a range of interventions that focus on improving outcomes for rangatahi. The programme facilitates recruitment and retention in secondary school, tertiary education, and transition into the health workforce. It has been developed with Māori whanau to meet and address local issues and is based on successful school-work transition programme principles, established infrastructure within the community, and is readily transferable to other schools. Figure 2 shows the pathway for rangatahi Māori through secondary school, tertiary education, and into the health workforce.

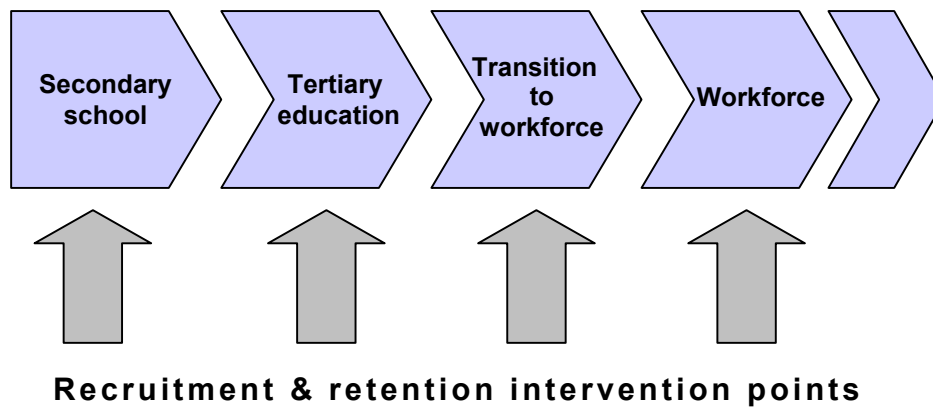


Figure 2. Recruitment and retention health workforce development pathway

Programme Objectives

The objectives of the Rangatahi Programme are:

1. To improve the readiness of Māori secondary school students to access tertiary education.
2. To improve the uptake of health careers by Māori secondary school students.
3. To establish effective and sustainable relationships with Māori students, whānau, and kaiako in kura kaupapa and rumaki reo in the Auckland region.
4. To work with all tertiary education providers in the Auckland region to support the students chosen career interest.

Programme Principles

Discussions between Māori school whānau and health managers recognised that current programmes aimed at recruiting rangatahi were not delivering satisfactory results. Critical gaps and barriers remained for rangatahi to enter health careers. A programme placing rangatahi at the centre (Figure 1), drawing on the experience of whānau, health professionals, and rangatahi alike was considered a key principle for a programme to deliver tangible results.

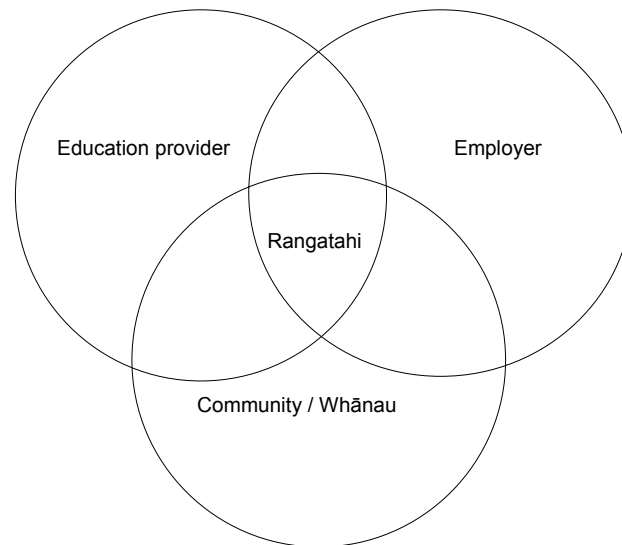


Figure 1. Rangatahi-centred Programme

Along with a '**rangatahi - centred**' approach, seven principles that guided decision-making, and the way the Programme is run were developed. They include:

- **Partnership approach, not a 'visiting' model.** Experts in the field advocate that more effective outcomes are likely to occur as a result of collaborative and sustainable relationships over time – not occasional visits.
- **Working locally** with *whare kura* and *rumaki reo* students and whānau in the Auckland region. This builds on networks that are already well established between *kura* in the region; aligns with community development principles and recognises opportunity in the Auckland region.
- **Work with ALL tertiary education providers** in the region to find the best match for students. Rangatahi aspirations are central to the Programme and removes tertiary education provider bias.
- **Avoid foundation programmes wherever possible.** Foundation programmes (for some students) may compensate for the lack of preparation and educational credits rangatahi receive at secondary school. In a number of cases, foundation programmes are unavoidable, but should not be a default position.

- **Promote early introduction to the clinical environment and employment.** Emerging research indicates that early introduction to the clinical workplace assists with decision-making and motivation. It also recognises the need to overcome financial barriers.
- **Based on best available evidence.** This includes using research, evaluations, data, benchmarking, and other information, including experts to assist with Programme improvement.
- **About results – 100%:** For the purposes of this Programme outcomes are measured in terms of the number of qualified health professionals exiting the programme and not the number of students who enter. We aim to successfully graduate our students and complete what we start. Recruitment of unprepared students into programmes to compensate for high levels of attrition is setting our rangatahi up to fail, and is not part of our kaupapa.

Programme model

The Rangatahi Programme model has been adapted from the ‘pipeline’ to reflect a reciprocal and sustainable approach. The model consists of four components as shown in the diagram below (Figure 4), based on the literature to identify points at which students step up to the next level, or fail to progress along the educational pipeline. Activities and resources are targeted at these points, along with linking in with existing programmes to supporting rangatahi along the entire pathway into the health workforce.

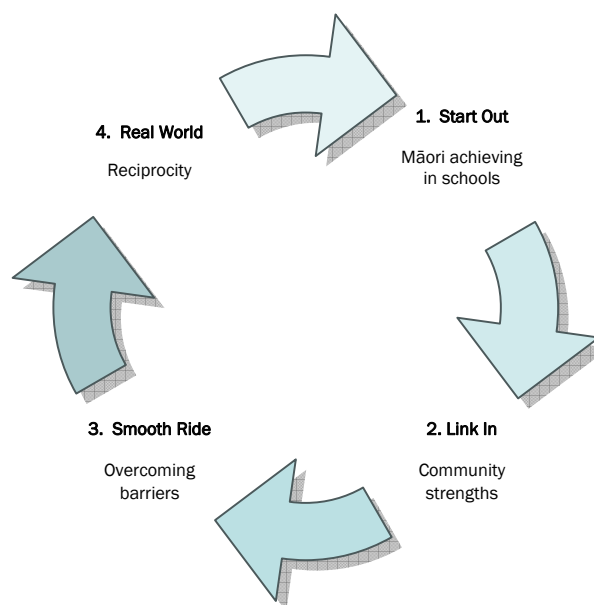


Figure 4. Rangatahi Programme components

The four components feed forward; starting with recruitment of secondary school students through to new graduate health professionals, then feed back in; new graduates give back to the Programme, attending as role models and mentors for new recruits.

1. **Start Out** – generate interest and confidence with rangatahi and whānau, and motivate them to attain better academic results by offering real world learning opportunities and workplace exposure (recruitment)
2. **Link In** – get buy in from whānau and wider community to support rangatahi career decision-making (recruitment and retention in secondary school)
3. **Smooth Ride** – foster success and achievement while encouraging independence and use of existing support mechanisms (retention in tertiary training)
4. **Real World** – build loyalty and sense of belonging to an organisation, and reciprocity (retention)

Programme components and interventions

The Programme components and interventions aim to remove barriers and actively attract rangatahi Māori into the health workforce. The Programme has two complementary components:

1. Community based mentoring programme
2. Workforce Transition Programme

1. Community-based Mentoring Programme

The Rangatahi Māori Mentoring Trust (RMMT) is a not-for-profit organisation that provides community-based mentoring support for Māori secondary school students (aged 13–18 years) within rumaki, whare kura and mainstream secondary schools to achieve self identified health, lifestyle, academic, career, and personal goals. It is based on well established principles of coaching, mentoring, and motivation that are applied in the whānau context.

RMMTs programme compliments the secondary school curriculum, promotes success, and includes a range of activities that provide information and guidance on career choices, teaches academic and life skills, promotes healthy lifestyles, builds self-esteem including mental and physical stamina, and motivates students to achieve their desired goals.

RMMTs programme builds on the philosophy of ‘whānau’ which exists within rumaki and whare kura, and extends to Māori and non-Maori students in mainstream education and schools. RMMT is driven by whānau including; teachers, parents and students, and accesses community, education, and health professionals as required to meet individual student and whānau goals. One of

the fundamental differences is the ongoing relationships developed with whānau, kura, and rangatahi.

RMMT has initially been based at Nga Puna o Waiorea (Western Springs College), and has already established relationships with other secondary schools in the ADHB area with a view to setting up satellite sites modelled on the outcomes achieved at Nga Puna o Waiorea. Links with local tertiary providers have been established assisting with monitoring of rangatahi progress and facilitating access to resources in the tertiary environment.

RMMT objectives

1. Increased retention and successful completion of academic/school requirements by Māori students in secondary school;
2. Development and implementation of career plans for individual Māori students which may include entry into higher education, training, or employment; and
3. Achievement of healthy lifestyle and personal goals for Māori students, which may include measures such as increased physical fitness, weight loss, being smoke-free, and improved problem-solving and decision-making ability.

RMMT activities

The RMMTs programme success comes from a range of activities including regular communication with, and monitoring of, rangatahi ensuring they are achieving their academic, personal, health and fitness goals. Continual contact strengthens relations from a work and personal perspective while they navigate through secondary school and university environments. Rangatahi build confidence to draw on these networks when times get tough. RMMT offers a wide range of academic support, pastoral care, coordination, and access to the health sector workplace. Students on the Programme are also encouraged and assisted to apply for a range of governmental, tertiary, and iwi scholarships to assist with course fees and course related costs.

A brief outline of the Trusts activities is listed below:

- Liaison with whānau and wharekura contacts.
- Develop strong, trusting relationship with rangatahi.
- Identification and assessment of readiness of rangatahi interested in health careers.
- Information session with rangatahi about the health industry prior to attendance to ADHB Introduction Day.
- Individual educational preparation and goal setting specific for graduating secondary school NCEA Level 3 with University Entrance, and NCEA Levels 1 and 2.

- On-going mentoring support including extra tutoring (individual and small groups), and study wānanga including providing transport for pick up and drop off as required.
- Facilitate access to resources in tertiary environment.
- Assistance with scholarship identification and application process.
- Provision of after hours support for rangatahi to assist with personal issues as required.

Additionally, the Trust has run weekend and study wānanga, commenced a health and fitness programme aimed at increasing activity levels and encouraging healthy lifestyles choices, including non-smoking. Next year the Trust plans to expand these programmes to incorporate other health education programmes including; nutrition, injury prevention, sexual health, reducing alcohol and drug use, mental health awareness, and health service utilisation. ADHB are also looking at developing a youth reference group to involve adolescents in the planning and design of youth services, and plan to include rangatahi from this roopu (group).

2. ADHB Workplace Transition Programme

The Programme starts in secondary school and provides rangatahi access to 'real world' learning opportunities in the workplace. ADHB introduces rangatahi to role models and mentors in the career they are considering and supports Māori clinicians with practical sessions and mentoring activities. The aim is to create an environment where rangatahi feel valued encouraging them to believe that they can achieve a career in health. The experience provides rangatahi with opportunities to get involved and be an active participant; to touch, feel, smell, what it's like to be a health professional and ask 'every question under the sun'. Appendix 1 lists the participating secondary schools taking part in the Workplace Transition Programme.

The employer-driven Workplace Transition Programme consists of two parts;

- Introduction Day (6 hour activity focussed experience)
- Workplace Exposure Week (arranged clinical placements)

Introduction Day

The Introduction Day provides interested students an insight into the hospital environment, access to role models and mentors, and hands-on activities to stimulate excitement and interest. Essential to success of the Introduction Day is the preparatory work done with the students before attending. The RMMT team invites students curious about what health careers have to offer, assesses their readiness to engage, and sets specific learning objectives.

The ADHB Clinical Co-ordinator meets with students in the school to identify student's career interests, answer questions, and brief students about what to expect. This is to prepare students for entering the hospital environment as an

observer rather than as a patient, or visitor. Whānau are also invited to attend with their rangatahi to gain greater understanding of what the Programme offers.



Right: (left to right) Moeawa Tamanui Fransen, Christopher Dick, Tamara Kearns, Brad Watkinson, and Margaret Clark (in the foreground) learning to take “obs”.



Above: Margaret Clark (left) and Moeawa Tamanui Fransen (right) Pictured left applying a below knee POP.

Workplace Exposure Week

The Workplace Exposure Week is carried out during school holidays to enable students to experience ‘real world’ exposure to working life and real live health professionals. Students undergo orientation, a number of short clinical placements, and organised hands-on activities including CPR training.

The high level of collegial support and cooperation from DHB clinicians and staff who participate in the Programme has contributed to the success of the Workforce Transition Programme. ADHB services that have participated in the Programme to date include:

- Starship Children’s Emergency Department
- Adult Emergency Department
- Te Whetu Tawera
- Primary Māori Mental Health Services
- Neonatal ICU
- Paediatric Wards
- Operating Rooms
- Anaesthetics and Surgery
- Cardio-Vascular Intensive Care
- Auckland City Hospital Adult wards and services
- University of Auckland & ADHB Clinical Skills Centres



Above: Christopher Dick (left), and Brad Watkinson (right), getting scrubbed ready for theatre.

The organisation of the Workforce Transition Programme is time intensive and involves coordinating placements and activities with a range of managers, clinicians and educators. One of the challenges is gaining consent from service managers for staff (Maori and non-Maori) to participate and/or be released from duties. Many staff also come in their own time to support the programme. Feedback from clinicians and managers has been positive and many services have indicated an interest in hosting students again.



“My team was really impressed with the young students that came through today and would be keen to have more of your students again”

*Nurse Manager,
Auckland City Hospital*

Above: Dressed in theatre gowns, masks and hats in the Operating Room are: (left to right) Anahera Simon, Te Rangahau Piripi, Tamara Kearns, Moeawa Tamanui Franssen, Margaret Clark (in front), Brad Watkinson, and Christopher Dick.

The majority of participant's state, the Programme provided a greater understanding of the range of healthcare roles and career paths available. Most students strongly agreed the Programme confirmed their intention to enrol in a health programme in 2008. However, not all rangatahi who have attended decide to pursue a health career. The experience assists these students to ask questions, setting goals, and make decisions about other career interests.

Limiting the number of students (10 – 15) who attend the Workplace Transition Programme has been positive as it allows for effective coordination and communication between the students, clinicians, Programme Co-ordinator, and clinical departments. Feedback from participating students indicated that what they enjoyed most was meeting Māori health professionals, gaining insight into the range of health careers available, and that the Coordinators of the Programme were genuinely interested in their future.

“....what I got out of the day was that we can all be successful”

“That was choice!”

Rangatahi feedback, 2007

Rangatahi entering tertiary-level health science programmes in Auckland continue to be linked to ADHB through the Programme. Established links with tertiary education providers enables clinical placements to be arranged in ADHB. Part-time work for rangatahi as Health Care Assistants on the ADHB Bureau is also organised.

Marketing

Marketing health careers, and the Programme, to rangatahi was identified as one of the activities required to advance the Programme. A review of social marketing principles and their application to rangatahi Māori and health careers choices was undertaken. The 'Marketing health careers to rangatahi Māori' report (Waetford, 2007a) drew on other campaigns targeting rangatahi Māori including; Te Mana, Te Rau Matatini, and AUT University. This report helped identify some of the perceptions and concerns rangatahi Māori have in relation to choosing careers, and made some suggestions for the development of a brand and marketing campaign.



Above: (left to right): - Sikana Ross; Te Waiata Tepu; Lifeimi Teu; Hera Tolley working as HCA's.

Although a comprehensive marketing strategy has not been finalised, a group of Māori artists and designers (Hanamahihi Designs) were commissioned to produce a logo, and other print material for the Programme (Appendix 2). Other resources that appeal to rangatahi such as; lanyards, silicone bracelets, and apparel, have been produced using these designs.



Rangatahi logo and design

The kowhaiwhai pattern signifies achievement at the highest level, and striving for success. The puhoro, or 'heart beat line', is a stylised ECG wave, creating a subtle, yet funky connection to health. The puhoro also represents the pathway, or journey rangatahi are entering including the ups and downs, and recognises there will be someone to help them get back on track to achieve their goals.

'Te Toi Uru Ora' is a very old term for 'power of life'. It is likened to when ones mauri is operating at optimum, when our wairua is well, our tinana is well, our hinengaro is well, and our whatumanawa is well. When these factors are running at strength we can claim, and express 'mauri ora' - my mauri is alive and well, my zeal for life is well, our holistic well being is ora - koina te pūtake o Te Toi Uru Ora.

Pilot Programme achievements

A nine month pilot Programme delivered in partnership by the Rangatahi Māori Mentoring Trust and ADHB has undertaken a range of activities in a short time frame (Appendix 3). The following summarise some of the key achievements to date:

14 students in total are enrolled in the RMMT Programme pursuing health-related opportunities:

- **Five** students are completing Year 13 with University Entrance aiming to enrol in Bachelor of Health Science programmes in 2008
- **Two** students are completing Year 12 with appropriate subject choices graduating into Year 13 with University Entrance aiming to enrol in Bachelor of Health Science programmes in 2009
- **Seven** students are enrolled in tertiary health-related programmes
 - Six of these students are enrolled in degree programmes, five in AUT Bachelor of Health Science programmes, and one at University of Auckland (including three males enrolled in nursing programmes)
 - One student is enrolled in the Whakapiki Ake Programme completing a Certificate in Health Science 2007
 - Five of the degree students are working part-time as Health Care Assistants at ADHB
 - Three students have received AUT health scholarships
- Held three successful Introduction Days and Workplace Exposure Weeks
- Marketing and promotion of the Programme at AUT Māori Expo and Te Ahurea Tino Rangatiratanga Auckland Regional Secondary School Kapahaka competition
- Relationships established with eight kura across the Auckland region
- Rumaki reo students at Nga Puna o Waiorea are now required to take NCEA Science Level 1 in Year 11

These outcomes are easy to quantify. The impact of achievements by senior students on their younger counterparts, on their whānau and the social and economic benefits of rangatahi Māori gaining a qualification, is probably more meaningful, yet more difficult to quantify.

Return on investment

The early recruitment activity, student academic preparation, and monitoring is carried out by the RMMT. As the student moves into tertiary education, resources and support mechanisms provided by tertiary providers are utilised, however there is still continual monitoring and support from both RMMT and ADHB.

Further along the pathway, ADHB takes on more of the transitional work supporting and preparing the student for the workforce. By the time these students reach the workforce they will have worked as health care assistants, know the organisational structure, and the layout and processes of many clinical services.

The Programme is labour intensive in terms of personal contact with students and organisation of workplace activities which contributes to the Programme cost. Figure 3 presents the level of input each partner contributes to the Programme and work has commenced to develop a robust methodology that can be applied to this, and similar programmes, to understand direct and indirect costs, and the subsequent return on investment.

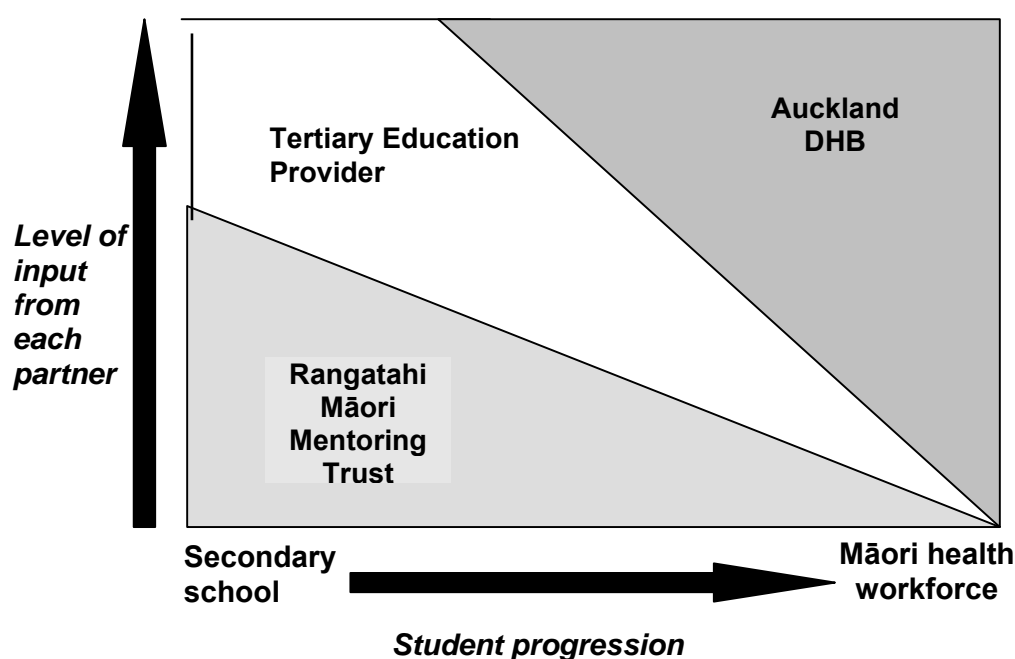


Figure 3. Level of input from each partner to progress along the pathway

Table 1 presents the costs of the Programme to date. ADHB has invested over \$135,000 in the pilot Programme (October 2006 – October 2007) This investment excludes salaries for ADHB project team members (Appendix 4) who are already included in ADHB budgets, and one-off project management costs. Indirect costs such as lost productivity during the workplace exposure period have been identified, but are not included in this analysis. The most significant new cost is funding for the RMMT which is estimated to be \$120,000 annually (excl GST) based on a full years actual expenditure.

Table 1. Costs incurred to date

<i>Programme expenditure</i>	<i>New cost</i>	<i>ADHB Budgeted</i>
RMMT (1.0 FTE plus programme delivery costs including mentors, study support, tutors, wananga, etc)	\$120,000	
ADHB (0.5 FTE)		\$40,000
ADHB Project management (0.4)		40, 000
Marketing & promotion	\$15,000	
Total	135, 000	\$80,000

Attempts have been made to compare or benchmark costs against similar programmes to identify the return on investment, however financial information and outcome data is not freely available. There are also inconsistencies with comparing outcomes with other programmes which are designed to increase the number of students who enter a programme (inputs) rather than measure the number of students who exit the programme as graduates (outputs).

It is recognised that all programmes have a marketing and promotional cost component which is comparable, and there are other associated costs related to recruitment (e.g. school visits, scholarships) that may also be comparable. Given the significant variation of activity it could be argued that the best way to benchmark programmes would be based on the following equation:

$$\frac{\text{Total programme costs / year}}{\text{Total graduates / year}} = \text{cost / graduate/yr}$$

One programme that may be comparable is the Te Rau Puawai Programme. Te Rau Puawai is a Programme funded by the Ministry of Health that offers comprehensive support, including scholarships, to Māori students seeking mental related qualifications, though students may only enrol in Massey University courses. Since 1999, this Programme has received \$675,000 in funding annually (State Services Commission, 2005) producing its goal of 100 Māori graduates for the mental health workforce by 2003 (Nikora, Rua, Duirs, Thompson, & Amuketi, 2004).

As well as developing a framework for comparing outcomes across similar programmes, it is useful to understand what actually drives the cost of these programmes and developing a more detailed analysis of what the true investment required for Māori workforce development may be.

Forecasting and planning

The pilot Programme has demonstrated that the secondary school component of the Rangatahi Programme is very labour intensive, and is reflected in the operating costs of the Rangatahi Māori Mentoring Trust. The “coaching” input at the secondary school level is vital to the recruitment and academic support of rangatahi, as well as building and sustaining trusting relationships for the provision of pastoral care, and academic monitoring as they work their way through the tertiary environment.

The level of intensive support from both the Trust and the tertiary education provider for first year undergraduate students has also been significant. It is recognised that rates of attrition for Māori undergraduate students in the first year are higher than their counterparts across a range of programmes (Earle, 2007). Support and communication has been designed to be more intensive at this stage to improve retention and early intervention. It is anticipated that the level of support for each student will decrease over time as the student becomes more independent and able to access resources more effectively.

Figure 6 represents the level of the intensive support provided by RMMT to rangatahi aimed at reducing attrition as they progress along the educational pathway based on a 3 year programme assumption. Based on this model of intervention the ratio of students to mentor, spread over a three year programme has been estimated at 30:1.

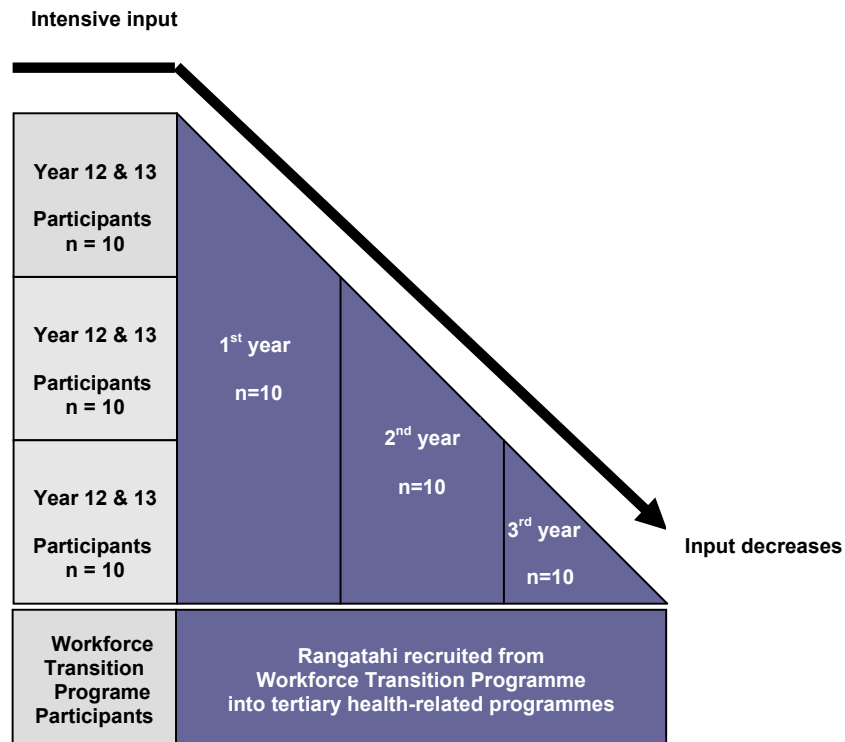


Figure 6. Level of Programme intervention at each educational level

Using these assumptions and programme principles it is possible to plan and forecast numbers for the future. Table 2 presents the Programme forecasting of graduates, taking into account a staged increase of rangatahi and expansion of the Programme over the next three years. It is recognised that the length of tertiary health programmes differ and attrition may occur therefore forecasts can be adjusted accordingly.

Table 2. Rangatahi Programme forecasting

Year	2006	2007	2008	2009	2010	2011	2012
			Year 10 – 11 students Promote health careers	Recruit Year 12 & 13 students	1 st year University n=10	2 nd year University n=10	3 rd year University n=10
		Year 10 – 11 students Promote health careers	Recruit Year 12 & 13 students	1 st year University n=10	2 nd year University n=10	3 rd year University n=10	Graduation Potential ADHB employee n=10
	Year 10 – 11 students Promote health careers	Recruit Year 12 & 13 students	1 st year University n=10	2 nd year University n=10	3 rd year University n=10	Graduation Potential ADHB employee n=10	
	Recruit Year 12 & 13 students	1 st year University n=10	2 nd year University n=10	3 rd year University n=10	Graduation Potential ADHB employee n=10		
Number of Yr 12 & 13 students	12	20	30	40	40	40	40
Number of tertiary students	-	10	20	30	30	30	30
Number of graduates	-	-	-	-	10	10	10

The Programme's goal is to have 30 rangatahi enrolled in tertiary level health science programmes by 2009, selected from the pool of 30-40 Year 12 & 13 secondary school students with sufficient NCEA credits and motivation. The first cohort of rangatahi are due to graduate in 2010.

Investment benefits

The Programme has potential to increase the number of Māori health professionals and contribute to addressing inequalities in Māori participation in the health sector. It is designed to maximise the sizeable proportion of rangatahi Māori who will make up the working-age population in years to come. The Programme also meets a need not currently addressed by other health workforce development initiatives in the Auckland region.

Treasury reports suggest there are wider economic benefits from participating in higher education that extend beyond the individual (The Treasury, 2001). They suggest there are intergenerational effects from the economic benefits of higher education and employment, extending to future generations due to the demonstration effect. This means children who have better access to role models and exposure to a range of career options, may strengthen their chances of having an above-average income.

The Programme is creating positive working relationships between local school communities, tertiary education providers and employers such as ADHB. The Programme is designed to make health careers practically and 'psychologically' available to rangatahi and their whānau and to assist them to make more informed career choices that will create 'new traditions' in their communities.

Key learning's

One of the benefits of a pilot is being able to reflect on the things that worked well and identify the areas that need improvement. This section summarises some of the key learning's from the project team and feedback provided by rangatahi and whānau.

Community / Whānau

- Rangatahi responded well to a, “We want you!” style of recruitment.
- Whānau and rangatahi responded better when talking to vibrant, young Māori health professionals they could relate to when it came to sharing career information especially when they talked about the range of health careers available, how much money they can make, and the kinds of travel opportunities that become possible. All the things that rangatahi want to know.
- Working with rangatahi and keeping them on track can be an adventure as they make the transition into adulthood. Mentoring and coaching is not a 9-5pm job and means navigating ‘nga piki me nga heke’ (the ups and downs) inside and out of the classroom.
- Whānau contributions to rangatahi career aspirations play a huge part in final career choices. Engaging whānau in the career planning process for unfamiliar career options, such as health, is time-intensive and requires further work by the project team to improve whānau buy-in.

Education providers

- Rangatahi view science as a boring and hard subject choice. Improving access to science in the first instance, and the delivery of the science curriculum by teachers to keep rangatahi engaged in the subject requires greater attention within the education sector, as this will contribute to an increase in direct-entry enrolments into undergraduate tertiary health-related programmes in the future.
- There are numerous existing services and support mechanisms set up for rangatahi to tap into within the tertiary environment. The project team and tertiary education providers have a part to play in translating, facilitating and improving access for rangatahi to these resources.
- Developing policies and processes for sharing pastoral care responsibilities and support between the RMMT and tertiary education providers is an area for improvement. Both parties have learnt a lot from the pilot experience and recognise that there can never be enough communication.

Employer

- Numbers are important. To provide a good quality learning experience 12-15 rangatahi at any one time in a clinical environment is about right.
- Not all rangatahi who came to ADHB decided to pursue a health career. Instead the experience assisted them to make decisions about the career they did want and to start thinking and setting their own goals. Some also expressed interest in non-clinical careers such as business or management in the health sector.
- An early evaluation of rangatahi perceptions of the Programme identified strengths relating to the core elements of mentorship and workplace exposure, and weaknesses relating to the 'pressure' felt by participants to succeed, as well as some management and coordination aspects of Programme processes.
- There is potential for the Programme model to be used by other DHBs. The Programme principles are simple and the Programme components are replicable. There is also potential for the Programme to be used with other communities. In ADHB the Rangatahi Programme is now the only approved secondary school recruitment programme.
- New graduate programmes are proving to be a good strategy for supporting new practitioners to complete the 'pipeline' and make the final transition into the workforce. There is a need develop similar programmes to accommodate Allied Health professionals and other disciplines modelled on existing post-entry training programmes.
- Time invested in building and maintaining effective relationships with people who can support rangatahi along the pathway is critical at all levels of the Programme, from the wharekai to the board room.

Where to from here?

The Programme is about setting targets and delivering results. A number of rangatahi have commenced study and it is our intention to help them complete what we have started and to achieve our targets. Securing ongoing funding is critical for ensuring the programme is sustainable, as well as continued investigation and evaluation.

A lot of time has been invested looking at best practice, developing a model, marketing and promotion, and some trial and error of ideas. What we have learnt to date is transportable and will be shared with the sector to contribute to national health workforce development initiatives. Presentations to other DHBs; at conferences; through reports and sharing data are all part of our commitment to increasing what is known.

Engaging with rangatahi has its share of challenges, but engaging with whanau is another area for improvement. Many whanau do not have positive experiences of the education or health system, so talking to them about their child going on to higher education or becoming a health professional may not always be perceived as a realistic option. Spending more time with whānau to instil some belief and involvement in rangatahi career planning decisions is part of what we need to do.

You can never have too much data. In keeping with the principle of being evidenced-based, evaluation of the Programme must be supported by accurate data collection and the development of effective information systems. As stated previously ongoing analysis of return on investment and forecasting and modelling of future workforce scenarios will continue. There is also opportunity to implement tools to assess readiness of students to take up health careers and to assess factors that influence rangatahi decision-making.

Ensuring rangatahi have access to science is an urgent priority. In some kura science resources (and teachers) are scarce and science subjects remain optional. Lobbying for better recognition, better resources, and better teaching of the science curriculum in secondary schools is an area that needs attention. Many workforce groups including the Health Workforce Advisory Committee have advocated for change in science teaching. Improvement in the health workforce pipeline is dependent on improving science results at secondary school.

Developing our future leaders and mentors is another area for development. As part of the Programme, up and coming leaders within the current workforce will be identified and leadership/ mentoring training, support and career planning will be provided.

Further work to understand what works well and what can be improved in terms of support offered to undergraduate students (particularly males) during clinical placements is needed. Some work has started on looking at bringing clinical placements forward in the nursing curriculum and at longer placement periods, but more work is required to understand what will be effective for other disciplines.

The ADHB A+ Charitable Trust has agreed to establish a scholarship programme and committed to providing five scholarships up to the value of \$5000 for applicants in the Auckland region to assist with undergraduate course fees and related course costs. The Scholarship Programme will be piloted in 2008 and will become part of the range of interventions to support workforce development in ADHB.

Appendix 1

Auckland kura/ schools that have participated in the pilot:

- Nga Puna o Waiorea (Western Springs College)
- Te Kura Māori o Nga Tapuwae
- Te Wharekura o Piripono
- Selwyn College
- Tamaki College
- Auckland Girl's Grammar School (Kahurangi)
- Te Wharekura o Mangere
- Te Wharekura o Manurewa

Appendix 2

A CAREER IN HEALTH?

We need people like you who want to help others and make a difference in our community.
We've got loads of jobs and mentors to assist you to get them.
If you want to work in health, we can help you make it happen.



ADHB Careers Centre
212 Greenlane Road West
Ground Floor, Building 15
Private Bag 92189
Auckland
Phone 0800 733968
Email recruit@adhb.govt.nz

Rangatahi Māori Mentoring Trust
PO Box 78 259
Grey Lynn
Auckland
Phone 09 378 7472
Mobile 0274 809 792
Email rmm1@maxnet.co.nz

He Kamaka Oranga

a+ AUCKLAND
DISTRICT HEALTH BOARD
17 2009 2002

Rangatahi

TE TOI URU ORA

He Kamaka Oranga

a+ AUCKLAND
DISTRICT HEALTH BOARD
17 2009 2002

WHILE IN SCHOOL

Think about which health career you might like to pursue. You may already know about doctors and nurses, but did you know there are other health careers available for you to choose from?

You could be a physiotherapist, midwife, occupational therapist, pharmacist, health promoter, dietician, podiatrist, social worker, or even a health manager.

When you qualify your job is likely to start on a minimum of \$40,000 per year.

Which school subjects are needed for a career in health? A background in science is really helpful, but not essential. Knowledge in maths and english are useful as well.

BELIEVE IN SUCCESS

Rangatahi Māori Mentoring Programme encourages Māori secondary school students to enter a health career of their choice by assisting students to graduate from secondary school, prepare for the tertiary environment, and get experience in the workplace.

It promotes health careers as a tangible option by focusing on raising educational attainment and retention in high school and engaging whānau with schools to assist rangatahi on a career pathway.

The RMMT programme offers:
additional academic support
pastoral care and mentoring for the student
early exposure to the clinical setting for a 'real world' insight into the health industry

REAL WORLD EXPERIENCE

Auckland District Health Board offers rangatahi enrolled in the RMMT Programme real world exposure to health careers during an Introductory Clinical Experience Day and a Workplace Exposure Programme:

Introductory Clinical Experience Day -

Rangatahi attend an ADHB 8 hour introduction day into the health sector workplace. This involves hands-on activities and interaction with a variety of health professionals and exposure to health career options.

Workplace Exposure Programme -

For students really keen to continue pursuing a career in health, there is the opportunity to attend the ADHB 5 day work experience programme during the school holidays.



Auckland District Health Board also provides the potential for part-time work options for Auckland-based students once enrolled in tertiary health programmes.

Appendix 3

Timeline of activities

Year	Month	Activity
2006	September October	<ul style="list-style-type: none"> • Informal whānau discussion - RMMT established • ADHB community partnership established • First cohort of rangatahi ADHB Introduction Day • Study wānanga in preparation for end of year NCEA exams
	November December	<ul style="list-style-type: none"> • Clinical Coordinator and R&D contractor appointed • First cohort of rangatahi ADHB Workforce Transition Programme • Business Case presented to Chief Advisor Nursing, Ministry of Health • Business Case presented to A+ Trust for scholarship programme
2007	January February	<ul style="list-style-type: none"> • New Traditions report completed • Presentation to Counties & Waitemata DHB Māori General Managers
	March April	<ul style="list-style-type: none"> • Second cohort of rangatahi attending ADHB Introduction Day • Presentation to Te Kete Hauora & Chief Advisor Nursing • Meeting with Whakapiki Ake Team, University of Auckland • Presentation to Nanaia Mahuta, Minister of Youth Affairs • CMDHB partnership discussion
	May June	<ul style="list-style-type: none"> • Meetings with Te Puni Kokiri, Hauora.com • Meeting with Te Rau Matatini, Te Mana re marketing to rangatahi • "Marketing health careers to rangatahi" report completed • Teleconference with DHB NZ re branding for Maori • Degree students start work as HCA's on ADHB Bureau • "Rangatahi" brand development
	July August	<ul style="list-style-type: none"> • Second cohort of rangatahi attending ADHB Workforce Transition Programme • Meeting with AUT Marketing Manager re rangatahi recruitment • Marketing and promotional resources produced • Attendance at AUT Māori Expo with text and email follow-up on expressions of interest.
	September October	<ul style="list-style-type: none"> • Meeting with NZ Army to discuss defence force career options • Scoping to involve Mental Health Coordinator and Pasifika liaison • Presentation on programme to Māori GM, Waikato DHB • Promotion of programme at Ahurea o Tino Rangatiratanga Auckland regional kapahaka competition • Study wānanga in preparation for end of year NCEA exams • End of year report completed
	November December	<ul style="list-style-type: none"> • Third cohort of rangatahi attend ADHB Workforce Transition Programme • 2008 enrolments in progress • Launch of Rangatahi Programme at ADHB Celebration Week • Launch of A+ Trust Scholarship programme.

Appendix 4

Rangatahi Programme Project Team

Ms Taima Campbell

Taima is Executive Director of Nursing, Auckland District Health Board and is an honorary lecturer at the School of Nursing, University of Auckland. She has over 20 years experience in the New Zealand health sector, working in clinical, education, and management roles. She is involved in a number of national nursing and Māori committees, including Nurse Executives of New Zealand, the Health Practitioners Disciplinary Tribunal, and is the co-chair for the Board of the College of Nurses - Aotearoa. She was formally a member of the Health Workforce Advisory Committee (including the Māori Sub-Committee). Taima's iwi affiliation is Ngāti Tamaterā, Ngāti Maru.

Mr James Watkinson

James is the Director of Rangatahi Māori Mentoring Trust. He draws on his experience as General Manager in the building and construction, and waste management industry for the last ten years, representing New Zealand on the international stage playing softball for the NZ Black Sox, as well extensive coaching background working with young athletes. James has also coached softball at national and international levels, and rugby league for the school and local rugby league club for the last 8 years. This experience facilitated his transition into coaching and mentoring tamariki at wharekura. James' iwi affiliation is Te Rarawa, and Ngāti Kuri.

Ms Nadine Maloney

Nadine is a Nurse Educator for Primary Health Care - Māori Health at Auckland District Health Board. She has specialist nursing knowledge and skills in Adult Neurosurgery and Emergency Nursing. She also has international experience having worked for nearly 3 years in various clinical and management roles in the United Kingdom, returning to Auckland District Health Board in 2006. Her current role encompasses skills required for the strategic planning environment, Māori workforce development, and lectures in Māori health to undergraduate Health Science students at the University of Auckland. Nadine's iwi affiliation is Whakatohea.

Ms Cathrine Waetford

Cathrine is contracted to Auckland District Health Board to provide research and development assistance for the Programme. She has a varied background as a clinician, researcher, and project manager. Since graduating she worked at Counties Manukau DHB as a physiotherapist, becoming Section Head Hand Therapy/Burns & Plastics, moved into academia as Research Officer for the evaluation of the Ministry of Health Hauora Māori Scholarship Programme, and is currently completing a Master in Health Science (Māori Health). She also works with Tae Ora Tinana (Māori Physiotherapists), and Nga Pou Mana (Māori Allied Health roopu). Cathrine's iwi affiliation is Ngāti Wai, Ngāti Hine.

Mr Darren McLean

Darren is a Recruitment Consultant for the Auckland District Health Board. This involves the co-ordination and management of the recruitment of new graduate nurses into the suite of graduate nurse programmes offered by the ADHB. In addition to this, he is a member of the Careers Centre Leadership Team involved in key initiatives of the Careers Centre such as the recruitment of overseas nurses and the ADHB Alumni. Darren is also a Registered Nurse with over 10 years clinical experience. After graduating in 1994 from James Cook University in Queensland, Australia, he developed clinical specialty in Cardiology nursing and held a Nurse Educator role in a large metropolitan hospital in Brisbane prior to moving to New Zealand in 2006. His professional interests include nurse education, public health: health promotion, and health workforce development. Currently he is pursuing a Master of Public Health at Griffith University in Queensland. His Masters dissertation is titled: "The Early Impact of a Novel Mentoring Programme Designed to Encourage and Support Maori Secondary School Students to Pursue a Career in Health".

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