Kaiāwhina and the ANZSCO:
Advice from the Workforce Intelligence Domain Network
Introduction

Thank you for the opportunity to provide advice on the skill statements within the Australian and New Zealand Standard Classification of Occupations (ANZSCO) as well as the job titles recorded in the supporting ‘Codefile’ managed by Stats NZ.

This submission provides advice from the network which supports progress in the Workforce Intelligence domain of the Kaiāwhina Workforce Action Plan.

Kaiāwhina is the over-arching term to describe non-regulated roles in the health and disability sector1. The term Kaiāwhina does not replace specific job titles (such as support worker, healthcare assistant, aged care worker, orderly, mental health support worker, or diversional therapist etc). Nor does it change the role title of Kaiāwhina for those who hold it.

The Kaiāwhina Workforce Action Plan was co-created with multiple key stakeholders from across the health and disability sector2. It is a five year action plan towards the 20-year vision of achieving:

A Kaiāwhina workforce that adds value to the health and wellbeing of New Zealanders by being competent, adaptable and an integral part of service provision.

The Plan provides a holistic overview of the necessary elements or domains to build a vibrant and sustainable workforce for this sector. These are: Consumer Focus, Quality & Safety, Access, Workforce Intelligence, Career Development, Workforce Recognition, and Sustainability.

The overarching focus of the Workforce Intelligence domain is:

Comprehensive workforce data captures Kaiāwhina numbers, demographics, qualifications and roles. Role descriptions and job titles are included in standard NZ workforce data. Plans are developed to ensure sufficient Kaiāwhina are available to meet future workforce demands and models of service delivery.

The network includes people from across the health and disability sector, including peak bodies, government agencies, service providers, and the research community. This submission has been prepared by the Workforce Intelligence domain lead, Taryn Batters (Senior Research Analyst, Careerforce), with contributions from the network. This submission has the support of:

• Amanda Newton, TAS
• Associate Professor Katherine Ravenswood, New Zealand Work Research Institute, AUT
• Careerforce
• Health Workforce Directorate, Ministry of Health
• New Zealand Aged Care Association
• New Zealand Disability Support Network
• New Zealand Home and Community Health Association

The submission is also supported by the Kaiāwhina Workforce Action Plan Independent Facilitator, Cathy Cooney, and Responsible Owners of the Plan:

• Daniel Glover, Manager Sector Engagement and Strategy, Health Workforce New Zealand
• Gill Genet, Business Development Manager, Careerforce

Te Pou o te Whakaaro Nui has peer reviewed the aspects of this submission which relate to the Kaiāwhina mental health and addiction workforce.

This submission identifies the specific codes that we have considered as most likely capturing the Kaiāwhina workforce. It provides an overview of our recommendations before providing a detailed explanation and evidence that supports this position.

We welcome further engagement should there be any questions or further consultation.

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# Scope of the Workforce Intelligence advice

The following table identifies the ANZCO codes which broadly relate to the Kaiāwhina workforce. Those marked in bold are the focus of this submission and may be broadly described as the Kaiāwhina care and support workforce. These codes are where there is the most disagreement and uncertainty about the current specifications, including the skill level.

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation</th>
<th>Equivalent NZQF Level</th>
<th>Experience that may substitute for the qualification</th>
<th>Additional relevant experience and/or on-the-job that may be required</th>
</tr>
</thead>
<tbody>
<tr>
<td>251911</td>
<td>Health Promotion Officer</td>
<td>7</td>
<td>5+ years</td>
<td>Relevant experience and/or on the job training</td>
</tr>
<tr>
<td>272613</td>
<td>Welfare Worker*</td>
<td>7</td>
<td>5+ years</td>
<td>Relevant experience and/or on the job training</td>
</tr>
<tr>
<td>411311</td>
<td>Diversional Therapist</td>
<td>4</td>
<td>3+ years</td>
<td>Relevant experience and/or on-the-job training</td>
</tr>
<tr>
<td>411512</td>
<td>Kaiāwhina (Hauora) (Māori Health Assistant)</td>
<td>5-6</td>
<td>3+ years</td>
<td>Relevant experience and/or on-the-job training</td>
</tr>
<tr>
<td>411711</td>
<td>Community Worker</td>
<td>5-6</td>
<td>3+ years</td>
<td>Relevant experience and/or on-the-job training</td>
</tr>
<tr>
<td>411713</td>
<td>Family Support Worker</td>
<td>5-6</td>
<td>3+ years</td>
<td>Relevant experience and/or on-the-job training</td>
</tr>
<tr>
<td>411715</td>
<td>Residential Care Officer</td>
<td>5-6</td>
<td>3+ years</td>
<td>Relevant experience and/or on-the-job training</td>
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<tr>
<td>423111</td>
<td>Aged or Disabled Carer</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
<tr>
<td>423211</td>
<td>Dental Assistant</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
<tr>
<td>423311</td>
<td>Hospital Orderly</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
<tr>
<td>423312</td>
<td>Nursing Support Worker</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
<tr>
<td>423313</td>
<td>Personal Care Assistant</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
<tr>
<td>423314</td>
<td>Therapy Aide</td>
<td>2-3</td>
<td>1+ year</td>
<td>Relevant experience</td>
</tr>
</tbody>
</table>

* the Welfare Worker (272613) occupation as a whole has a closer relationship with the social and community workforce than the Kaiāwhina workforce, however the Codefile managed by Stats NZ indicates that this code captures the job title ‘Mental Health Worker’ so it has been considered here.
Recommendations

The Workforce Intelligence network recommend that the ANZSCO needs to improve the visibility of the different sectors that the Kaiāwhina care and support workforce work in as well as the different levels recognised (ie level 2-3, and level 4 and above).

We recommend that the Codefile managed by Stats NZ, if not the classification itself, should include the following job titles:

<table>
<thead>
<tr>
<th>Occupation code</th>
<th>Recommended titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>423313</td>
<td>Personal Care Assistant</td>
</tr>
<tr>
<td></td>
<td>Home Care Assistant</td>
</tr>
<tr>
<td></td>
<td>Healthcare Assistant</td>
</tr>
<tr>
<td>423312</td>
<td>Nursing Support Worker</td>
</tr>
<tr>
<td></td>
<td>Health Assistant</td>
</tr>
</tbody>
</table>

Please note that there is work underway in the mental health and addiction sector that may identify more current job titles for that sector. When the findings are available, Stats NZ will be advised. In the interim, some recommendations for Codefile changes are made on pages 14-15.

We also recommend that when determining the equivalent experience that may substitute for a qualification, consideration be given to the requirements specified in job descriptions (some examples are given in this submission), the provisions of the Pay Equity Settlement, and the Education Pathways specified in relevant Health and Wellbeing qualifications.

Rationale and evidence

Quality workforce data underpins workforce planning

As Stats NZ will be acutely aware, the accuracy of occupational data has an impact for a wide range of policy settings and services, such as immigration and education. When considering health specifically, as Te Pou states, the workforce is “the most valuable and costly resource within health services and is key to achieving population health gains.”

Workforce planning is integral to enabling effective workforce development and achieving that potential contribution. Careerforce summarises the relationship between workforce planning and health and wellbeing outcomes as follows:

Workforce planning contributes to ensuring that the workforce will be well positioned to embrace future changes in the workplace environment by ensuring that workplaces have a workforce of the right size, with the right attitudes, values and skills, organised in the right way. This underpins the delivery of quality service, meeting the needs and aspirations of the people they are supporting.

Significantly, workforce planning relies on being able to identify the size and shape of the workforce in a structured, standardised, and meaningful way. As such, it is critical to have clarity and the appropriate level of occupational granularity within the ANZSCO.

Overall, the Workforce Intelligence network believes that the current ANZSCO specifications do not clearly and accurately reflect the care and support occupations within the Kaiāwhina workforce. The classification needs modernising to reflect the range of developments over the past decade which mean that we can differentiate between the New Zealand Qualifications Framework (NZQF) level 2-3 and level 4 qualified workforce.

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The key developments which support this position and which this submission will explain include:

- the introduction and embedding of New Zealand qualifications across these levels
- the pay equity settlement segmenting the workforce based on qualification and experience
- increased expectations of the workforce, including explicit articulation of qualification levels in contracts and employment agreements

We are eager to see how the relevance and usefulness of ANZSCO for the Kaiāwhina workforce may be improved through elements of the skills refresh. We recognise that some of this advice may be out of that scope, but it has been difficult to isolate specific issues from the wider context of significant changes to the Kaiāwhina care and support workforce.

The current ANZSCO specifications treat Kaiāwhina as a homogeneous group

The Workforce Intelligence network acknowledges that for the aged care (including those working in residential as well as home and community settings) and disability support sectors, there is recognition of the NZQF levels 2-3 qualified workforce within the current ANZSCO specifications. For these settings we agree that it is appropriate to have occupational codes which represent this level of qualification in the workforce so should be retained.

However, there has been a shift from a predominantly task focussed workforce towards the development of a person centred, thinking workforce requiring skills at level 4 of the NZQF in critical thinking and reflective practice. In the home and community sector, this workforce is also working largely unsupervised. It seems that this NZQF level 4 qualified workforce across the aged care, disability, and mental health and addiction sectors is not so well recognised within the ANZSCO. In practice, it seems that this group could be mis-represented by being associated with codes of a lower or higher skill level as demonstrated in the following sector-specific examples.

From the perspective of aged residential care and the home and community settings, it is appropriate that occupations within the Nursing Support and Personal Care Workers (4233) Unit Group, especially the Personal Care Assistant (423313) occupation code, is specific to the roles of a caregiver with a level 2 and 3 NZQF Certificate only. There are jobs that typically require this level of competence. The current indicative skill level theoretically achieves this. However, in practice, the NZQF level 4 qualified workforce is also associated with the Personal Care Assistant (423313) occupation category.

From the perspective of disability support, the Residential Care Officer (411715) code is generally commensurate with a Diploma (and given the structure of the NZQF this could cover levels 5, 6, or 7 of the NZQF). It is unclear whether in practice the NZQF level 4 qualified disability support workforce is associated with that code.

From the perspective of mental health and addiction, the Kaiāwhina care and support workforce in this sector is invisible in the ANZSCO itself, as the only code presented at level 4 is Diversional therapist (411311), which does not bear relationship with mental health or addiction support work. Consequently, there is a lack of clarity about whether the NZQF level 4 qualified mental health and addiction support workforce is associated with selected occupations within the Nursing Support and Personal Care Workers (4233) Unit Group or other codes that are associated with NZQF level 7 and above qualifications. For example, the ANZSCO coding analysis for the 2018 DHB mental health and addiction support worker roles reported to the Health Workforce Information Programme (HWIP) shows most are coded as Nursing Support and Personal Care Workers (423312) or Community Workers (411711).

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In contrast, when looking at the supporting Codefile managed by Stats NZ that we see explicit reference to the sector in the job title of ‘Mental Health Worker’. However, this title is aligned with the Welfare Worker (272613) occupational code, which is commensurate with a bachelor degree or higher qualification and therefore seems to be referring to the clinical workforce. Our advice is that, for the sake of clarity, the ‘Mental Health Worker’ job title should be changed to ‘mental health professional’ as that would help avoid any unintended consequence of suggesting that the code relates to the non-clinical workforce.

Overall, the association with a lower skill across the aged care and home and community support settings, paired with the invisibility of the mental health and addiction support workforce, is particularly concerning as it perpetuates the issue which the Pay Equity Settlement (explained further below) sought to address; a historic gender-based undervaluing of the care and support workforce. Significantly, researchers from the New Zealand Work Research Institute argue that “the view that care work is unskilled may also be detrimental to the long term sustainability of the workforce and the provision of quality care.”

The Workforce Intelligence network would like to see greater clarity about which codes represent the NZQF level 4 workforce across these sectors. We would be reluctant to see that part of the workforce being associated with a code that is meant to reflect a different skill level, especially when that is lower. This uncertainty has many implications, including being a barrier to undertaking high quality workforce planning at national and regional levels.

New qualification pathways have been developed and embedded

Over the past decade, there have been significant changes in the qualifications available for the whole of the Kaiāwhina workforce. This stems from the Targeted Review of Qualification (TRoQ) at levels 1-6 on the NZQF. The TRoQ intended to reduce the duplication and proliferation of qualifications across New Zealand.

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Careerforce worked with stakeholders to review qualifications across sectors within its Gazetted coverage, including the health and disability sectors in which Kaiāwhina work\(^9\). Overall, the Careerforce-led review involved 900 stakeholders from 700 workplaces and working with employers, commissioners, and other relevant parties to not only review the existing qualifications at the time but to also identify gaps in the qualification suite for the current and emerging workforce.

The resulting qualifications form pathways from Certificates at Level 2 on the NZQF through to bachelor’s degrees and entry into the registered workforces\(^10\). A very important development for the Kaiāwhina care and support workforce was the introduction of the New Zealand Certificate in Health and Wellbeing at Levels 2, 3, and 4 of the NZQF, as well as the New Zealand Diploma in Health and Wellbeing (Level 5).

These qualifications support the shift from a predominantly task focussed workforce towards the development of a person centred, thinking workforce requiring skills at level 4 of the NZQF in critical thinking and reflective practice.

The details of these are available on the NZQA website should Stats NZ want to consider the degree of alignment between the occupation specifications and the qualification standards.

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The Pay Equity Settlement segments the workforce based on qualification level

The Pay Equity Settlement addressed a historic, gender-based undervaluing of care and support work that was highlighted by the TerraNova pay equity claim brought by E tū (previously the Service and Food Workers Union) on behalf of care worker Kristine Bartlett. When announcing the Settlement, then Minister of Health Jonathan Coleman said:

“Home and community support, disability and aged residential care workers are widely seen as amongst the most deserving of recognition as a pay equity case. It is an historic moment for the Government to address this undervaluing with Ms Bartlett and the unions.”

The enabling legislation, the Care and Support Workers (Pay Equity) Settlement Act 2017 came into effect from 1 July 2017. The Government is investing $2.3 billion over five years, through the Act, to lift the wages of the care and support workforce. The current ANZSCO specifications make it difficult to classify and understand the various care and support occupations that are benefitting from the Government’s investment.

Initially, the Settlement covered the estimated 55,000 care and support workers in the home and community support, disability, and aged residential care settings. In June 2018, it was extended to the estimated 5,000 mental health and addiction support workers in New Zealand. That extension was back-dated to the date the Act was enacted.

The legislation provides further evidence of the need to recognise the different skill levels of the care and support workforce, including the level 4 qualified workforce specifically. This is because it explicitly links pay to attainment of the New Zealand Certificate in Health and Wellbeing Levels 2, 3, and 4 (or an equivalent qualification as determined by Careerforce).

The Settlement also allows for the recognition of previous employment in lieu of a qualification but this is limited to people who were employed immediately before implementation. The standards for previous experience/service set in the Settlement exceed the relevant experience that is suggested in the ANZSCO specifications. For example, less than 3 years of service attains the pay rate associated with no qualification, whereas 12 years or more of service attains the pay rate associated with a NZQF level 4 qualification.

Section 12 of the Act articulates the expectation that employers take all reasonably practicable steps to support the workforce to progress through the levels within specified time periods.

Overall, the expectation of qualification attainment and progression, paired with the limited availability of the ‘experience pathway’, effectively mean that the Settlement expects qualification attainment and progression to be standard.

In addition, the Settlement is shaping qualifications expectations across a wider range of services than its scope. Although the Act specifically relates to workers funded by the Ministry of Health, ACC, and District Health Boards, the standards are increasingly being implemented by other funders of care and support services. Notably, the Ministry of Social Development and Oranga Tamariki - Ministry for Children has reached a settlement that is aligned with the original TerraNova Settlement, including the specified pay rates in relation to experience or qualification level and the expectation that employers support qualification attainment within specified periods. Each of these agencies treat this as “as an opportunity to contribute to a better paid, more stable and highly trained workforce, resulting in higher quality and more consistent care for clients.”

To encourage
qualification attainment, the implementation guidance specifies that “contracts between funders and providers will require employers to provide the necessary systems and support to enable workers covered by the settlement to reach the [specified qualifications within specified time periods]”

For the purposes of this ANZSCO skill refresh, the importance of the approach to pay equity settlements is twofold. First, the explicit recognition that there is a difference between the level 2, 3, and 4 workforce, and second the expectation that attainment of the level 4 qualification is supported.

The size of the NZQF level 4 workforce is growing

The above section shows how there are now qualification pathways through to level 4 and beyond, and structures that encourage their uptake. This section focusses on how the demands and expectations of Kaiāwhina are growing due to changing models of service and care which are reflected in contractual arrangements and employment agreements, and how new roles are emerging especially at NZQF level 4 which are difficult to identify in the current ANZSCO specifications.

For the ANZSCO skill level refresh, the results of TRoQ and subsequent developments outlined below are important in showing that the level 4 qualified workforce is growing rapidly and important to the health and disability sectors and therefore deserving of specific recognition.

Changing contractual arrangements and employment agreements

Regardless of sector, the increased demands and qualification requirements of the Kaiāwhina workforce are increasingly specified in contracts for services and recognised in employment agreements.

As noted previously, in order to support pay equity settlements, contracts for services are including qualification requirements. Another example of how the contracting model includes qualification expectations for the home and community sector is seen in ACC’s Operational Guidelines for Integrated Home and Community Support Services which specify that:

At least 75% of total Complex Support delivered must be provided by Support Workers who reach [a level 3] standard. Support Workers assisting Clients with a Traumatic Brain Injury (TBI) or spinal injury need to hold additional qualifications.

In this example, a relevant qualification would be the New Zealand Certificate in Health and Wellbeing (Rehabilitation Support) with strands in Brain Injury, Spinal Cord Impairment, and Chronic Illness. This qualification is at Level 4 of the NZQF and worth 120 credits. The current qualification specifications include broad statements of what graduates will be able to do, including:

• Work collaboratively with health professionals to support the health and wellbeing of a person with rehabilitation potential
• Actively contribute to a culture of professionalism, safety and quality in a health and wellbeing organisation
• Provide personal and/or peer leadership in a health or wellbeing setting

It is unclear how the ANZSCO accommodates this workforce and the necessary skill requirements.

Some employment agreements also contain provisions for the Kaiāwhina workforce at multiple levels of the NZQF. A prominent example is a multi-employer collective agreement (MECA) between 17 District Health Boards (DHBs) and the Public Service Association. The MECA covers the allied, public health, and technical workforce employed by any DHB except Auckland.

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The MECA recognises and describes Hauora Māori Workers, Health and Clinical Support Workers as including:

“A range of positions that work in mental, physical and public health services. These positions may have some, or a combination, of the following elements:

- A strong cultural element
- Co-ordination
- Clinical Support
- Assessment
- Advisory
- Educating
- Counselling
- Facilitating”

Within this group, there are three levels of remuneration which are segmented by qualification attainment: NZQF levels 2-4, NZQF levels 5-6, and NZWF level 7+. Section 5.4.5 of the MECA, for example, relates to staff with qualifications up to level 4 on the NZQF and may include the following roles:

- Rehabilitation Support Workers
- Māori Health Workers
- Māori Mental Health Workers
- Community Health Workers
- Community Support Workers
- Alcohol & Other Drug Workers
- Health Promotion Workers

**Disability**

The disability system is currently undergoing a significant transformation through the development and implementation of the Enabling Good Lives (EGL) model. EGL is an approach to disability support that offers disabled people and their whānau greater choice and control. It brings together funding from the Ministries of Health, Education and Social Development in a single package. This funding can be used flexibly to help disabled people achieve their future, whether they aspire to employment, education, training, recreation or connections within the community.

The workforce, in all settings, is increasingly required to be person-centred/person-directed, and there is a strong emphasis supporting disabled people to be connected into family and community (such as building/strengthening networks, identifying natural supports).

A scan of job advertisements and position descriptions illustrate how the needs of disabled people are often complex and therefore the requirements of support workers to be highly skilled and flexible/adaptable, community-focused.

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Support workers have tended to be (and often still are) employed by disability support service providers and these are a few of job advertisements/ descriptions for this setting:

- https://careers.spectrumcare.org.nz/blob/Community+Support+Worker+PD.pdf?bm=extjd&id=0is3k3neme11lbkv603d1gofn&v=1

The introduction of Individualised Funding in the early 2000s provided disabled people and their families with the option to employ their own support workers. Again, some people take quite a specific approach where they are looking for caregivers. However, it is clear that there are increasing numbers with high and complex needs due to their impairments, and/or their living/family dynamics that support workers need to work effectively within. In addition, people are looking for support workers to work with them in environments outside of the home, such as leisure, education, work, travel etc. Support workers are also be required to support skill development of the people they are working with.

As well as the evolution of existing support worker roles, EGL has seen the emergence of new roles to support the vision of improving choice and control for disabled people and their family and whānau. These include Connectors/Tūhono and Network Builder. Again, the expectations are evidenced in job advertisements and position descriptions. For example, the role of the Connectors/Tūhono in the EGL is to:

- assist disabled clients to think about where they are at, where they want to be, make links and connections in the community, make their plan, understand their budget, and link with the information and support that clients/whānau choose
- embrace the following Eight principles of EGL in their support for clients
- help negotiate with disability support services (if choosing to use them)
- aim to fulfil the goal of lightest touch – the balance between recognising when to step in and when not to, to build confidence in participant’s abilities so they lead what happens in their lives.
- work actively with sector partners to address inequity
- foster and leverage off new and existing networks to ensure right and appropriate levels of support are available.

These are real examples to show that the disability system transformation is having real impacts on the expectations of the workforce and the employment relations environment. As the transformation process progresses, there will be greater opportunities for support to be more personalised with people being allocated personalised budgets. There is an emerging group of young disabled people (and their families) who have only experienced this new model, for example they have only ever experienced mainstream education, been fully integrated in the community, and lived with their family etc. This group would expect that this approach will continue as they reach adulthood and look to having a job, going flatting, learning to drive etc. In light of this, it is reasonable to expect that the boundaries for support worker functions and the related skill levels expected will continue to be pushed.

Finally, the changes described above have been reflected in the language used to describe the sectors, consumers, and the workforce. For example, NZDSN has highlighted that the job role/title Residential Care Officer no longer exists in New Zealand. While the functions listed for the occupation may still be applicable, the term has not been relevant for some time.

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Aged care

As noted previously, it is important for the aged residential care sector that there is an ability to differentiate between the NZQF levels 2-3 qualified workforce, and the level 4 and above workforce.

A key qualification for Kaiāwhina in the aged residential care sector is the New Zealand Certificate in Health and Wellbeing Level 4 (Advanced Support). This builds on the New Zealand Certificate in Health and Wellbeing (Level 3) Health Assistance or Support Work strands. It is designed for health care assistant, senior caregiver, senior health care assistant or senior support worker roles in hospices or specialised dementia units, aged residential care or home and community support settings.

In 2018-19, Careerforce undertook a review of this qualification. Based on wide consultation, as shown in the image below, changes to the qualification specifications were developed in order to reflect the increasingly complex needs of people being supported, and to enhance the level of responsibility for employees at this level that not only provides opportunity to progress in their careers but also provides greater support for Registered Nurses. As the shortage of nurses is anticipated to continue (as signalled by the addition of aged care nurses to the Long Term Skills Shortage List), this level 4 role is seen as key in providing increased support to help manage this reality.

The changes, which are currently being considered by the New Zealand Qualifications Authority, include the addition of two new Graduate Profile Outcomes on Communication and Clinical Support, as well as an increase in the credit value from 80 to 120 in order to reflect the increased breadth and depth of competencies.

Stakeholders engaged in the consultation

- **95** Participants in stakeholder workshops across AKL, WLG, and CHCH
- **13** Organisation/employer meetings
- **11** Webinar participants
- **34** Tertiary provider participants
- **145** Employer representative participants
- **169** Participated in 6-week online consultation

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Mental Health and Addiction

A series of online profiles provide more information about the nature of the mental health and addiction sector support work roles. In these, people currently working in the sector describe some of their responsibilities including, for example, to walk alongside people in their recovery journey, helping people to become independent, building relationships within professional boundaries (in terms of engaging with consumers and clinical teams).

There is an expectation in Non-Governmental Organisations (NGOs) that mental health and addiction support workers and peer support workers will have (or have attained within 2 years of employment) at least a level 4 certificate on the NZQF. Since the TRoQ, the relevant level 4 qualification for this workforce would generally be the New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4), particularly the strand in Mental Health and Addiction. It may also include the New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) which includes, but is not limited to, Peer Support Workers in the mental health and addiction sector. Some support workers have higher qualifications on the NZQF (at level 5, 6, and 7) so the ability to accommodate those in the review would be welcome.

The professional body of addiction workers, Addiction Practitioners’ Association Aotearoa New Zealand (known as dapaanz), includes an endorsed membership option for support workers and peer support workers. The recommended qualification level for this membership category is at NZQF level 4, although this is not essential.

In the NGO sector, common role titles in the NZQF level 4-6 range are ‘community support worker’, ‘peer support worker’ and ‘family [or whānau] peer support worker’. Support work leadership roles may be ‘team leader’ or ‘team coach’. These titles are not currently reflected in the ANZSCO or the Codefile managed by Stats NZ.

For the DHB employed workforce, the most commonly identified support work roles are referred to as ‘healthcare assistant’, ‘psychiatric assistant’ or ‘community support worker’. 

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This table summarises the current workforce roles, aligned to ANZSCO codes where possible, with recommendations for amendments to the Codefile managed by Stats NZ. It includes the DHB workforce based on the PSA/DHB MECA, and some information about the NGO workforce although it is not exhaustive:

<table>
<thead>
<tr>
<th>NZQA level</th>
<th>Current DHB employed roles</th>
<th>Current NGO employed roles</th>
<th>Current ANZSCO codes</th>
<th>Codefile suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3</td>
<td>Māori health workers</td>
<td>Community support workers</td>
<td>423312 Nursing support worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Māori mental health workers</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Community health workers</td>
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<td>Community support workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Māori health workers</td>
<td>Support workers</td>
<td>There is no appropriate ANZSCO code for NZQF level 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Māori mental health workers</td>
<td>Mental health and addiction support workers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Community health workers</td>
<td>Community support workers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Community support workers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5-6</td>
<td>Community health workers</td>
<td>Community support workers</td>
<td>Support team leader</td>
<td></td>
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<tr>
<td></td>
<td>Community support workers</td>
<td>Team leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Māori and Pacific Island community support workers</td>
<td>Team coach</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Alcohol and other drug workers</td>
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Primary Care

The ‘Closer to Home’ theme of the New Zealand Health Strategy is driving a shift in the way and place that health services are delivered27. Essentially, this is encouraging services out of hospital settings and into people’s homes and communities. As well as the changes in expectations of the Kaiāwhina workforce that are described above in relation to specific sectors, another enabler to enacting the ‘Closer to Home’ theme is the development of new roles including the Primary Care Practice Assistant role and navigators.

The entry qualification for the Primary Care Practice Assistant role is the New Zealand Certificate in Health and Wellbeing (Primary Care Practice Assistance) and sits at Level 4 of the NZQF28. The expectation is that graduates of this qualification will be able to:

• engage and communicate with people, family and/or whānau accessing primary care services in a manner which respects their socio-cultural identity, experiences and self-knowledge
• relate the history of Māori as tangata whenua and knowledge of person-whānau interconnectedness to own role in a primary care practice setting
• actively contribute to a culture of professionalism, safety and quality in a primary care practice
• relate the purpose and impact of own role with the aims of the wider health and wellbeing sectors
• apply knowledge of primary care to support people, family and/or whānau, and the healthcare team in a primary care practice
• perform routine clinical tasks in a primary care practice setting under direction and delegation
• contribute to the effective functioning of primary care practice administration and quality systems.

These expectations mean that these roles do not align with the occupation codes which are equivalent to the NZQF level 2-3 Certificates, but it is unclear which ANZSCO occupational code would be applicable.

The Navigator role is an emerging and increasingly important position in the Kaiāwhina workforce, especially in the primary care health setting, yet it does not currently seem to be recognised in the ANZSCO. Navigators also work across mental health and addiction services which may result in sector-specific requirements. A commonality is that they have cultural or community competencies as they assist high need population groups to access support services. In some Māori Health Providers, the role may be referred to as Community Health Workers29.

Early evidence of the importance of this role is shown in a 2011 project undertaken by University of Auckland researchers30. The research used a case study approach to understand the role of Community Health Workers in a Māori persons health journey. It found that Community Health Workers are an “important ‘bridge’ between agencies, services, communities and people with health need” and there is a significant potential, provided adequate resourcing, for the role to “improve health equity for Māori through the delivery of comprehensive primary health care.” The findings from the Productivity Commission’s Inquiry into social services provide evidence of the roles importance. The final report defines the Navigator as31:

“A suitably experienced person who works with clients and families to help identify, prioritise and sequence a package of services and support for them. Ideally, a navigator has the flexibility to source or purchase services from a wide variety of suppliers.”

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The overall review emphasises the need for Navigators to assist people with complex needs to access the services they need. The Commission's final report highlights that this role would be important given a “significant degree of coordination across the services is required for good outcomes” yet the current separation of government services does not enable that. Most recently, the Mental Health Inquiry also found that there was a need for much wider provision of navigator services.

The need for new ANZSCO codes

Although we support the intent of the skills statement review and its potential to address some of the issues encountered with the ANZSCO, the evidence provided in this document demonstrates the need for wider changes in order to appropriately recognise Kaiāwhina.

We recognise that the rationale for a specific occupational code is largely based on the size of the workforce or, in some cases, the strategic or labour market significance. Also, within the occupational specifications, that the typical skill level “does not measure the skill level of an individual, rather it refers to the level of skill that is typically required to competently perform the tasks of a particular occupation.” The thresholds for recognising distinct occupation groups have been met.

Evidence of the strategic significance of the overall sectors and within those, the need for recognition of the Kaiāwhina workforce, across different skill levels and settings, has been woven throughout this submission. It is broadly demonstrated in:

- for mental health and addiction, that the Government recently undertook an Inquiry into Mental Health and Addiction signals the importance of the sector as a whole, while the final report specifically acknowledged that workforce development is a significant enabler to achieving the desired outcome of better access and choice in services.
- New Zealand’s population is ageing and, proportionally, that drives increases in the demand for the aged care workforce across the home and community or residential settings. As the Healthy Ageing Strategy 2016 notes, older people “have much higher rates of long-term chronic health conditions, and disabilities that require support on a daily or regular basis.”
- As noted previously, the Closer to Home theme of the Health Strategy is encouraging people to live in their homes and communities for longer. That said, the NZACA reports that there is projected to be an increase in the number of aged residential care beds from 37,500 in 2016 to 52,000 in 2026.

- the system transformation (Enabling Good Lives) that has also been explained previously is a signal of the importance of the disability support sector.

In terms of showing that the size of the workforce meets the occupational thresholds, at a high level the original scope of the Pay Equity Settlement (discussed further below) covered approximately 55,000 workers in aged and disability residential care and home and community support services across New Zealand. It subsequently was expanded to include the estimated 5,000 mental health and addiction support workers. For more detailed information, the most reliable source of evidence at a national level is most likely to be the annual data return that is required as part of implementation of the Settlement. This is managed by the Ministry of Health and records the spread of the care and support workforce across the levels of the Settlement. It is anticipated that this will be available after July 2019 to inform Stats NZ if required.
Experience may not always substitute for a qualification

This section is about the relevant experience specifications identified at Unit Group level. For example, how the Unit Group Aged and Disabled Carers (4231), the ANZSCO states that “[a]t least one year of relevant experience may substitute for the formal qualifications listed above.” There are two factors that may shape how Stats NZ determines the relevant experience substitute.

One consideration could be the Pay Equity Settlement. As mentioned previously, an ‘experience pathway’ is included in the Settlement, as the Act provides for minimum hourly wages to be attained based on service where the worker was employed immediately before 1 July 2017 but has not attained any of the specified qualifications or their equivalent. For example, 8 years or more but less than 12 years of service corresponds to the wage rate that is also awarded to care and support workers who have a level 3 qualification. However, the combination of this pathway having limited coverage, with the expectation within the Settlement of qualification attainment and progression, could suggest that it may not be appropriate for the ANZSCO to provide for relevant experience to substitute for the qualification.

Another option is that the ‘Education Pathways’ identified in the qualification specifications may provide Stats NZ with guidance about what experience may substitute for the qualification. For example, the entry requirements for the New Zealand Certificate in Health and Wellbeing (Level 4) Advanced Support, are to have achieved the NZ Certificate in Health and Wellbeing (Level 3) or equivalent qualification or experience. As this level 3 qualification is worth 50-70 credits, that’s effectively one year of learning from a tertiary sector perspective. Similarly, as the Advanced Support qualification is currently worth 70 credits that is also effectively one year of learning (although this is under review, with the intention to increase the value to 120 credits). Following this logic, the experience substitute for a level four Health and Wellbeing qualification should be at least 2 years. Note that this is a minimum timeframe given it is arguable if without the structure of an accredited training programme that the workforce will achieve the necessary level of skills, knowledge, and competence to substitute what is required by the qualification.

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Summary

In light of the discussion in this submission, the Workforce Intelligence network is encouraged that Stats NZ and the Australian Bureau of Statistics are reviewing the skills statements.

It is hoped that this review provides an opportunity for the ANZSCO to reflect the developments over the past decade, especially the emergence of level 2-3, and level 4 distinctions in the workforce, which are reinforced by the increasingly complex breadth of work that the Kaiāwhina care and support workers are involved in. Ideally, we would see:

- the different skill levels recognised (that is, level 2-3, and level 4).
- visibility of the different sectors that the Kaiāwhina care and support workforce work in (aged residential care, disability support, home and community, and mental health and addiction)
- that the language be modernised. For example NZDSN has highlighted that the job role/title Residential Care Officer no longer exists in New Zealand. Also, the Codefile managed by Stats NZ, if not the classification itself, should be updated in line with recommendations identified on pages 14-15 for the mental health and addiction sector, and to include these titles:

<table>
<thead>
<tr>
<th>Occupation code</th>
<th>Recommended titles</th>
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</thead>
<tbody>
<tr>
<td>423313 Personal Care Assistant</td>
<td>Home Care Assistant</td>
</tr>
<tr>
<td></td>
<td>Healthcare Assistant</td>
</tr>
<tr>
<td>423312 Nursing Support Worker</td>
<td>Health Assistant</td>
</tr>
</tbody>
</table>

Consideration should also be given to the relevant experience which may substitute for a qualification, especially how well it aligns with the requirements specified in job descriptions, the provisions of the Pay Equity Settlement, or the Education Pathways specified in relevant Health and Wellbeing qualifications.

Thank you for the opportunity to contribute to the review and we welcome further engagement should there be any questions or further consultation.

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