

Whakapakari Hunga Tautoko Project June 2021

A Project Report prepared by TAS on behalf of
Central Region district health boards

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Appendices



“We acknowledge the value of being involved in a project that aims to strengthen clinical support and leadership for Well Child Tamariki Ora (WCTO) providers so that we can collectively build the capacity and capability of WCTO nurses and organisations”

(Central Region Tamariki Ora Provider)

1 Executive Summary

Kōrero shared by Tamariki Ora providers post COVID Level 4 reflected historically recognized challenges experienced by this sector, including the need for Tamariki Ora sector development and infrastructure to provide support, advice and clinical guidance. In response, members of the Central Region Child and Youth Health Portfolio Managers Network (CHIRPY) met in September 2020 and agreed to undertake a project to partner with Central Region Tamariki Ora providers to identify strengths and opportunities in relation to current Tamariki Ora clinical supervision/support infrastructures and identify priorities for a potential future state. Equitable clinical supervision/support arrangements for Tamariki Ora kaimahi is fundamental, strengthening and sustaining this workforce, contributing to improved health outcomes for pēpi and whānau.

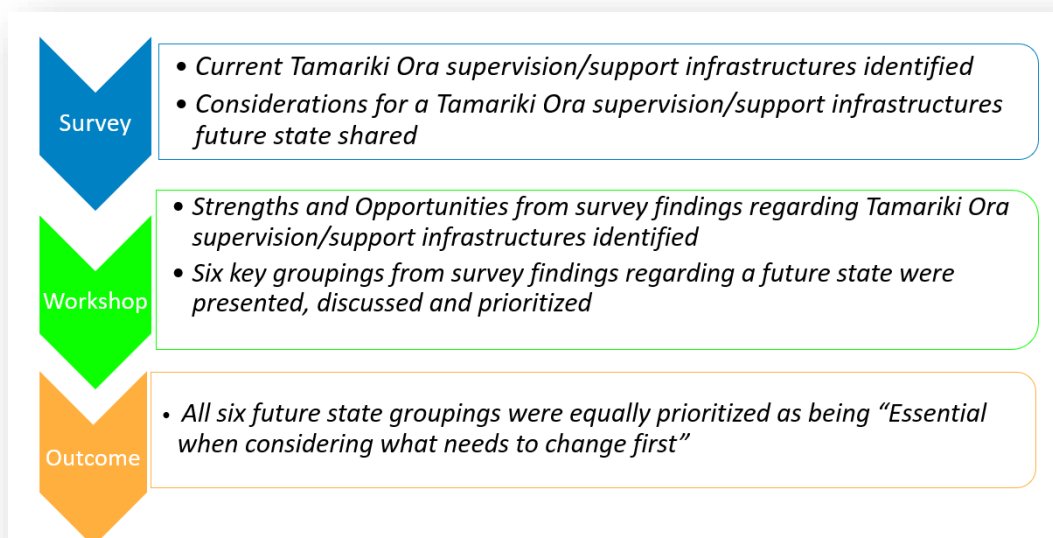
Hawke’s Bay DHB agreed to lead this project on behalf of Central Region DHBs, with project support expertise from TAS. Hawke’s Bay DHB Kaumātua, Hawira Hape, gifted the project the name *Whakapakari Hunga Tautoko* - strengthening and supporting the work of the group/people.

This project employed a mixed method approach to capture the kōrero of Tamariki Ora Kaimahi regarding the current state strengths and opportunities, and priorities for a potential future Tamariki Ora clinical supervision/support infrastructure. Tamariki Ora providers were unequivocal in prioritising their key recommendations for a Tamariki Ora clinical supervision/support infrastructure future state, with all six key kaupapa (identified from survey findings) being equally prioritised as “essential when considering what needs to change first”. The six key kaupapa were:

- Giving voice to Tamariki Ora
- WCTO infrastructure, including guidelines and networks
- Funding and pay equity
- Training and professional development
- Organisational Tikanga
- WCTO Clinical support and supervision.

The Kaimahi future state priorities form the Whakapakari Hunga Tautoko Project recommendations to the Central Region DHBs.

Project overview



2 Background

“The role of clinical supervision is to provide in-depth reflection on clinical practice. It aims to enable the achievement and sustainability of high-quality practice through the means of focused support and development (Walker et al 2007)”

Tamariki Ora providers are an essential part of the health and disability sector. Established under the umbrella of Māori health providers, a point of difference separating Tamariki Ora providers from other Well Child providers is the Māori cultural foundation upon which they are built. Local tikanga, values and principles guide decision making and delivery at all levels from governance through to care provided in the kāinga.

There are 15 Tamariki Ora providers in the Central Region contracted by their respective district health boards to deliver Well Child Tamariki Ora services. Each has significant in-depth knowledge and experience of working alongside and with whānau Māori and Māori communities. The majority of whānau who access Tamariki Ora services are Māori with high health and deprivation needs. Therefore, in addition to the specialised Well Child nursing qualifications of clinical staff and kaiāwhina working alongside whānau, whanaungatanga and manaakitanga are paramount within the Tamariki Ora provider model of service delivery.

Over the years there has been a growing voice amongst Tamariki Ora providers regarding the need for a greater understanding of appropriate provisions and consideration in order to effectively deliver services. Clinical support and supervision were one area identified where providers felt a “lack of clinical mentoring and peer review”.¹

¹ Litmus (2013). *Well Child Tamariki Ora Programme Quality Reviews*, Wellington: Ministry of Health.

Essential to capacity and capability, Tamariki Ora providers felt service delivery could be enhanced by “sector development and infrastructure - in particular, a national Tamariki Ora operational or advisory group to provide a robust infrastructure for support, advice and clinical guidance”.²

During COVID-19 Level 4 lockdown, a survey was distributed to WCTO providers for feedback with findings discussed post lockdown by Central Region CHIRPY members.³ Some nurses reported feeling like they were not able to talk through issues with other clinicians who understood the context and could support them. Some WCTO providers are managed by non-health professionals and the decision-making process can be impacted by different understandings of priority and need.

Members felt the survey findings gave further weight to concerns already expressed by Tamariki Ora providers. Furthermore, the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575) findings, and Government’s commitment to Te Tiriti o Waitangi and equity for Māori, further elevated the initiation of a project to investigate and develop solutions based on clinical supervision and support infrastructures.

3 Project Kaupapa

The aim of the Whakapakari Hunga Tautoko project (“The Project”) was to work in partnership with Tamariki Ora providers in the Central Region to identify strengths and opportunities in relation to Tamariki Ora clinical supervision/support infrastructures and develop recommendations for a potential future state.

An Expression of Interest (EOI) process was initiated to give Tamariki Ora providers the ability to determine how they wanted to participate in the project. Options included:

1. Active participant involved in survey and workshop project activities
2. Member of the advisory group
3. Keep informed through monthly updates.

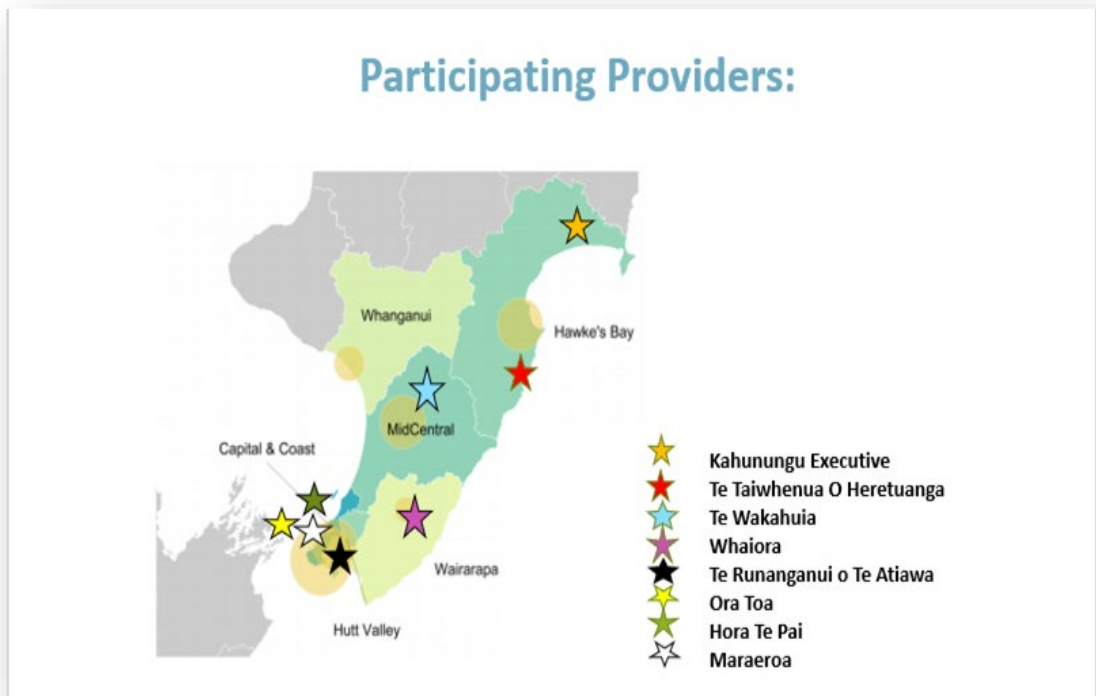
Eight Tamariki Ora providers responded to the EOI indicating their intention to be active participants in the project. Collectively this included 20 WCTO nurses; nine WCTO kaiāwhina; eight WCTO Team Leaders/Managers as well as one General Practitioner.

The EOI process revealed the project was important to providers. There was a level of hope and trust placed in the kaupapa, and therefore the processes were purposefully and carefully considered with the guidance of kaumātua to ensure the project would meet these expectations.

- *“We feel it is important to contribute our input and our experiences within our mahi. This also helps to address some of our troubleshooting as well and bouncing off some of our colleagues’ ideas to help work effectively in our community for the better of our whānau.”*
- *“We acknowledge the value of being involved in a project that aims to strengthen clinical support and leadership for WCTO providers so that we can collectively build the capacity and capability of WCTO nurses and organizations.”*
- *“For the future of (name of provider) Tamariki Ora Services.”*
- *“There is a big gap in clinical support for Tamariki Ora Nurses and kaiāwhina.”*

² Ibid.

- *“Our Team is interested because we feel there is very little clinical support for Tamariki Ora Services and workforce. We would like to see a Roopu established that will bring Te Ao Māori clinical support and education to Tamariki Ora.”*
- *“The Tamariki Ora team have minimal opportunities for clinical education/resources and support. While we have good relationships with Plunket, the opportunity to support having education and support across the nation for Tamariki Ora Well Child as a collective can only be beneficial for the service and give a stronger voice as advocates for whānau.”*



Whakapakari Hunga Tautoko Advisory Group

The establishment of the Whakapakari Hunga Tautoko Advisory Group (the “Advisory Group”) had a dual purpose:

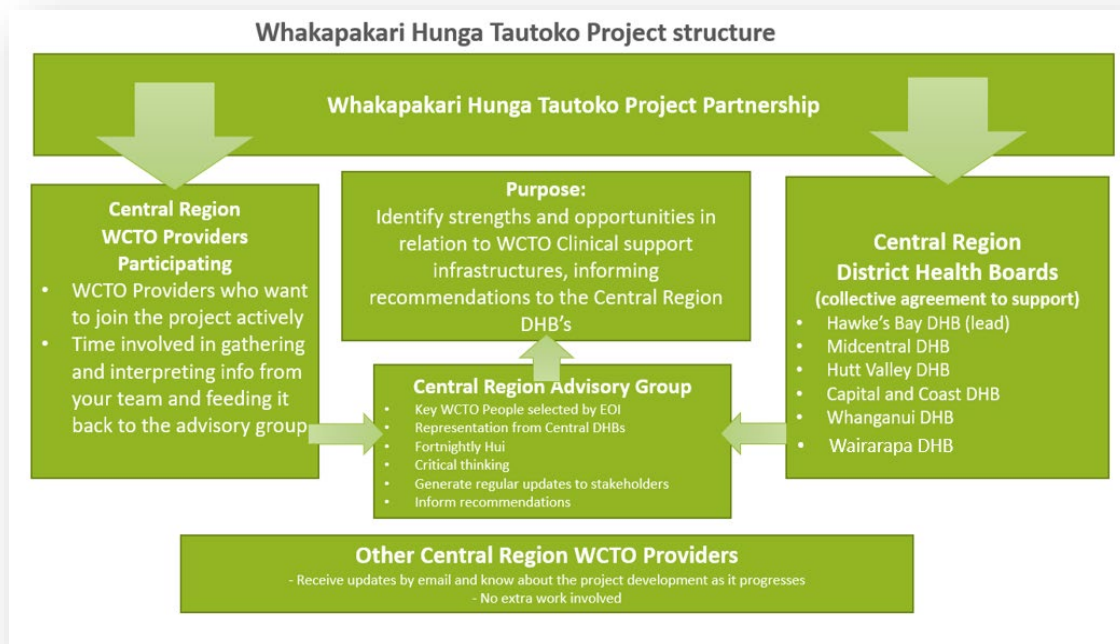
- established to ensure a partnership approach to the kaupapa.
- to ensure the experience and expertise of the sector was valued and included.

The Advisory Group included representatives from Tamariki Ora providers; HBDHB; Ministry of Health; Nursing Leadership; and Kaumātua (see image below). The Advisory group meet monthly via a mix of Zoom and kanohi ki te kanohi.

Project advisory group



Project structure

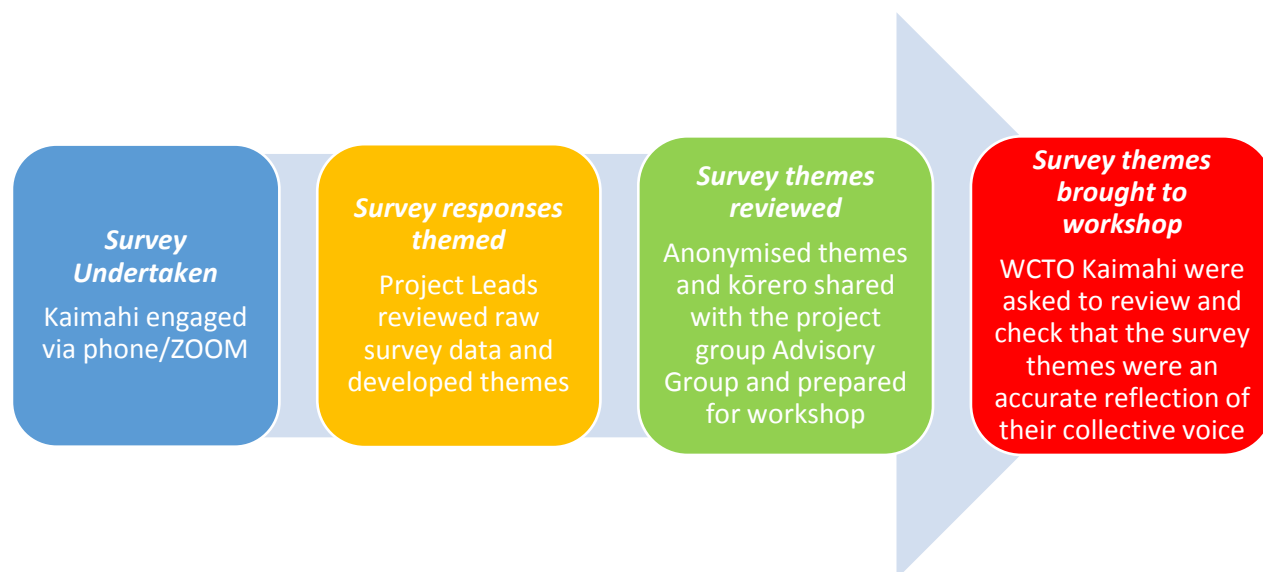


4 Tamariki Ora Provider Engagement

“Nāu te rourou, nāku te rourou, ka ora ai te iwi.”

“With your food basket and my food basket, the people will thrive.”

(Workshop Whakatauki)



4.1 Kaimahi Survey

The purpose of conducting the surveys was to enable Tamariki Ora Nurses; Kaiāwhina and Team Leaders/Managers to provide their individual feedback regarding current WCTO provider supervision/support infrastructures and identify opportunities for the future.

Three surveys were developed by the Whakapakari Hunga Tautoko Project team (the “Project Team”) with advice and oversight from the Advisory Group (see appendix 1). The surveys were tested with Tamariki Ora staff, and feedback considered in the design of the final survey construction. All three surveys included similar questions but diverged to gather information pertinent to the different roles within Tamariki Ora teams. The Tamariki Ora nurses’ survey sought specific feedback regarding clinical support/supervision relevant to a regulated workforce, not included in the Tamariki Ora Kaiāwhina survey. The Team Leader/Manager survey included additional questions related to service management.

Surveys were completed via Zoom or phone using a one-to-one interview approach. Kaimahi were able to utilise an online booking system to reserve a time to complete the survey that best suited them. The survey was completed by 18 of the 20 Tamariki Ora nurses; seven of the nine Tamariki Ora Kaiāwhina and eight Tamariki Ora Team Leaders/Managers. The survey took between 45 minutes and 80 minutes to complete. Verbal consent was gained from participants prior to completing the survey to share aggregated and anonymised survey feedback with the Whakapakari Hunga Advisory Group and Central Region DHB Portfolio Managers. All participants were emailed a copy of their completed survey to review and edit as necessary.

4.2 Survey Findings Summary

Current state

Survey findings regarding current Tamariki Ora clinical supervision/support infrastructures were aggregated and anonymised. A general inductive approach was utilised to analyse survey findings which revealed six main areas of feedback (see appendix 2). These areas reflect the current state of clinical supervision/support infrastructures within Tamariki Ora services and there are both strengths and opportunities that relate to each of them. This is further explained in [section 4.4.1](#) of this report.

The six main areas were:

- Workforce
- Accessing WCTO specific advice and support
- Referral pathways
- Resources accessed to support WCTO practice
- Organisational processes to support WCTO nurses to meet NZ Nursing Council competencies to maintain a current Annual Practicing Certificate, and to support kaiāwhina with continued learning and development
- Ensure support systems are in place to make kaimahi feel safe

Future state

In the survey, kaimahi were also given the opportunity to feedback their whakaaro about what needs to be considered when thinking about future Tamariki Ora clinical supervision/support infrastructures. Feedback was aggregated and anonymised. Using a general inductive approach to analyse the kaimahi kōrero, six main themes/kaupapa were identified. Comments relating to the categories “WCTO clinical support and supervision” and “WCTO infrastructure” were mentioned more often, compared to the other categories/themes (see appendix 2). This is further explained in [section 4.4.2](#) of this report.

The six key themes/kaupapa were:

- WCTO clinical support and supervision
- Giving voice to Tamariki Ora
- WCTO infrastructure, including guidelines and networks
- Funding and pay equity
- Training and professional development
- Organisational Tikanga

4.3 Workshop

Kaimahi Workshop

Following the gathering of kōrero via the survey, a kanohi ki te kanohi approach was agreed to give Tamariki Ora providers the opportunity to share their kōrero and discuss in greater depth the survey findings. This included thoughts about the current Tamariki Ora clinical supervision/support infrastructures and priorities for the future.

A total of 24 Kaimahi attended the workshop representing six of the eight participating Tamariki Ora providers.

The workshop was held at Massey University Sports institute on 19 May 2021. The day was opened by the MidCentral Pae Ora Team and facilitated by TAS. The day included:

- A presentation of survey findings
- Attendees engaged in an activity to identify strengths and opportunities regarding the current Tamariki Ora clinical supervision/support infrastructures.
- Survey findings were prioritised by attendees regarding a Tamariki Ora clinical supervision/support infrastructure potential future state
- Opportunity for kōrero and networking among attendees

Strong themes were shared by Kaimahi through kōrero during the Workshop, Kaimahi shared:

- Concern nothing would change despite contribution and feedback to this and other previous projects/forums and reviews
- Pressure and fatigue on the Tamariki Ora workforce due to increased caseload numbers
- Desire for true Te Tiriti O Waitangi partnership with funders and contractors, and transparency regarding funding.
- Need for the ongoing opportunity for Tamariki Ora providers to connect and meet kanohi ki te kanohi to gain knowledge, share learnings and support each other.

A Pātaka space was provided to record and acknowledge Kaimahi kōrero that was not within the scope of the project – important information that may not be required immediately. The Pātaka is a storehouse and in this context a repository of relevant information that could be used in the future in relation to the WCTO review and potential changes. (The information gathered in the Pātaka is included in the workshop outcomes below).

4.4 Workshop Outcomes

4.4.1 Workshop activity one

Identifying strengths and opportunities with current Tamariki Ora provider clinical supervision/support infrastructures

In groups that consisted of a mix of Tamariki Ora roles and providers, Kaimahi spent time discussing and processing the survey findings. Kaimahi then identified strengths and opportunities of their current clinical supervision/support infrastructures utilising colored stickers to demonstrate value and priority. Shared Kaimahi kōrero regarding their identified strengths and opportunities is captured in Table 1 and Table 2 below.

Table 1: Shared korero from Kaimahi regarding the current Tamariki Ora clinical supervision/support infrastructure *strengths*

Current Tamariki Ora Clinical Supervision/Support Infrastructure STRENGTHS

| Workforce | Accessing WCTO Specific advice and support | Referral Pathways | Resources accessed to support WCTO practice | Organisational Processes** | Support systems in place that make Kaimahi feel safe |
|--|---|--|--|---|--|
| Working with kaimahi and services | Access to knowledge | Knowing how to access referrals and information | Variety of available resources | Having APC paid for and holding one | If you are happy in work, supported, you will be productive in the field |
| Build good communications across teams | | Knowing community, process, policy and pathways | | Having a performance Review annually | |
| Lot of strengths around qualified workforce and bringing their life skills | | Knowing more about NGO's, Māori Health, DHB | | Have Tamariki Ora focus in your appraisal | |
| People are able to access training and training was available | | Referrals inhouse are faster and follow up is good outward referrals take longer | | Lot of training since after survey | |
| | | Managing Family violence concerns internally as have support services inhouse | | Practicing certificates reimbursed – don't have to jump through hoops | |

**** Organisational processes that support Tamariki Ora Nurses to meet NZ Nursing Council competencies to maintain a current annual practicing certificate, and to support Kaiāwhina with continued learning and development**

Table 2: Shared Kōrero from Kaimahi regarding the current Tamariki Ora clinical supervision/support infrastructure *opportunities*

| Current Tamariki Ora Clinical Supervision/Support Infrastructure OPPORTUNITIES | | | | | |
|---|--|--|---|--|---|
| Workforce | Accessing WCTO Specific advice and support | Referral Pathways | Resources accessed to support WCTO practice | Organisational Processes** | Support systems in place that make Kaimahi feel safe |
| Manager having to manage too many teams challenging and complex | Created for us by us | Kaimahi need to speak up to create guidelines and polices and to incorporate into operations | Good to be aware of Well child handbook – use it more | Pay Parity | To explore further, improvements, scope of practice |
| Clear pathways | Supervision | | National register of all Well child Tamariki Ora resources and have access to these | What are organisations doing to support nurses? | |
| Burnout | Inhouse training for education and for external reports | Being able to adapt, keep or change | Consistency nationally | Equity theme | Working alone, no support |
| Leaders can't give 100% | Have a Māori/Tamariki Ora focus rather than Plunket focus. | Collaboration | Broadening knowledge | More learning and gaining support | Strong policies |
| Professional Development | Plunketline external specific advice – checking in getting the right answers, consistent messaging | | Same resources should have same messaging and standard for whanau | Regional Tamariki Ora Roopu should be a regional and national clinical resource – whole of system advisory resource (a person) | |
| Need to work together | Clear pathways | | Clinician what would that mean, opportunity for a voice. | Clinical appraisal based on Nursing Standards of Practice for all providers | |
| Concern unsafe, have high case loads, not focussing on team as a whole. | | | This is what we want and what we need, things always done to us – is this just another hui? | Work in multiple providers, services to integrate, opportunities to include kaupapa Māori into learnings and how this contributes to over-arching organisation | |
| | | | Need to have someone who is grass roots and this is what the Tamariki Ora position is and what our whanau think | | |
| | | | True partnership and what that would look like – equity! | | |
| | | | Need to have equity in this space | | |
| | | | Have a collective database/website for all Tamariki Ora resources | | |

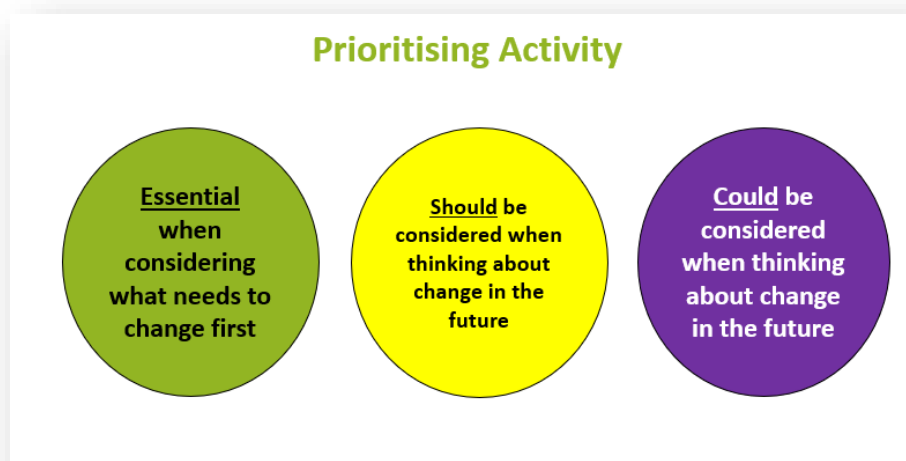
**** Organisational processes that support Tamariki Ora Nurses to meet NZ Nursing Council competencies to maintain a current annual practicing certificate, and to support Kaiāwhina with continued learning and development**

4.5 Workshop Activity Two

Prioritising key survey kaupapa regarding a potential Tamariki Ora clinical support/supervision future state

In groups Kaimahi discussed and processed the survey kōrero shared in response to the following question: “What do you think needs to be considered going forward when thinking about Tamariki Ora clinical supervision/support infrastructures”.

Kaimahi individually prioritised six key survey kaupapa regarding a potential future clinical supervision/support infrastructure, utilising a sticky dot ranking system (see image below).

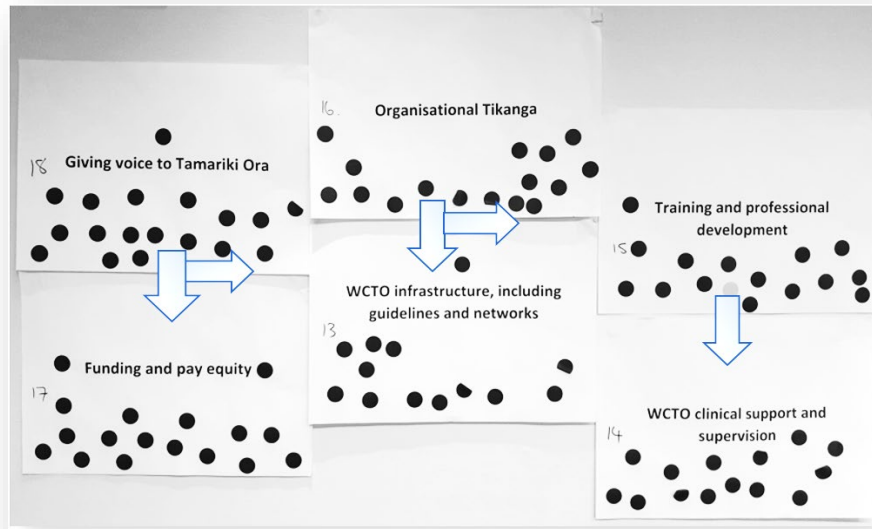


Kaimahi overwhelmingly identified all six key kaupapa as “essential” when considering what needs to change first regarding a potential Tamariki Ora clinical supervision/support infrastructure. The image below illustrates this (the dots represent “essential”). The six key kaupapa each had a differing number of “essential” dots.

- WCTO clinical support and supervision - 14
- Giving voice to Tamariki Ora – 18
- WCTO infrastructure, including guidelines and networks - 13
- Funding and pay equity - 17
- Training and professional development - 15
- Organisational Tikanga - 16

Following the prioritisation exercise, the group came together for discussion and shared kōrero regarding each of the six key kaupapa. All agreed the six kaupapa were equally important for an improved future for Tamariki Ora clinical support and supervision. The group were then facilitated to consider how each kaupapa interacted with the others a “model” representing the cascading of the six kaupapa emerged (see below). The “model” began with “Giving voice to Tamariki Ora”, kaimahi shared that this was a crucial priority when considering a future state, with each subsequent kaupapa feeding into the next.

Future state priorities



It was suggested the above model reflects a horowai/waterfall, a cascade of essential kaupapa, where all is relevant but some needs to be traversed first, as this will then flow onto the next.



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Shared Kaimahi kōrero regarding a Tamariki Ora clinical supervision/support infrastructure future state

| WCTO Clinical Support and Supervision | Giving voice to Tamariki Ora | WCTO infrastructures | Funding and pay equity | Training and professional development | Organisational Tikanga |
|--|--|---|--|---|---|
| Solution 3 day a week person to support Tamariki Ora , voice, car, good pay | Voice at the top table – Parliament this is where it will change – tino rangatiratanga | Noted that for Tamariki Ora kaimahi (at any level) there is no reference anywhere as to who is backing group, do not need to carry burden their own | Looking for equity in pay parity | Training important along with understanding what the guidelines look like and structures in terms of clinical support | Tamariki Ora Nurses are registered nurses not recognized or supported as such |
| Person needs to be supportive of the collective, want that person to hear their concerns but also celebrate <u>whānau</u> achievements | Looking for change – nothing goes any further | Make sure collective has steering as a group to (clinical) support person who does the mahi | Paid the same as other similar positions | More training on 1 st 1000 days | |
| Been here, done this, so what is going to happen next? | Tamariki Ora need to be a collective and start looking at cohesion as a group | How data is captured is a concern as everyone is using a different system as all being dumped into 1 pool. | Value for group and not feel done to, need to be equitable and with this comes funding, not feeling like 2 nd tier (poor cousins) | Education, training and tautoko each other important | |
| | Critical that group (collective) is unified, strength being seen together, supporting each other (possible governance group structure) | Need to have structures in place, more of a national voice | Māori nurses to be paid the same as their equivalents – acknowledge that DHBs and iwi providers fund differently | Concerns around training and development | |
| | Tamariki Ora body nominate 1 person to be the voice to take to MoH | Opportunity to question organizations about data being gathered and what used for | Tamariki Ora resourcing a concern | | |
| | Vote for someone already in the mix (a trusted colleague) This group could support and advocate for Tamariki Ora workers | | Transparency of funding | | |
| | Strength provides courage to push through barriers | | Training important along with understanding what the guidelines look like and structures in terms of clinical support | | |
| | A lot of kaimahi and kaiāwhina not in the room it is also about supporting them | | | | |
| | Need to come together more often and cohesively – move forward as a collective, not alone anymore | | | | |

4.6 Pātaka content

As described earlier, a Pātaka space was provided to record and acknowledge Kaimahi kōrero. As anticipated, kaimahi identified a number of other kaupapa that need to be elevated if their concerns are to be genuinely heard and addressed.

The kōrero is shown in the pātaka diagram below.



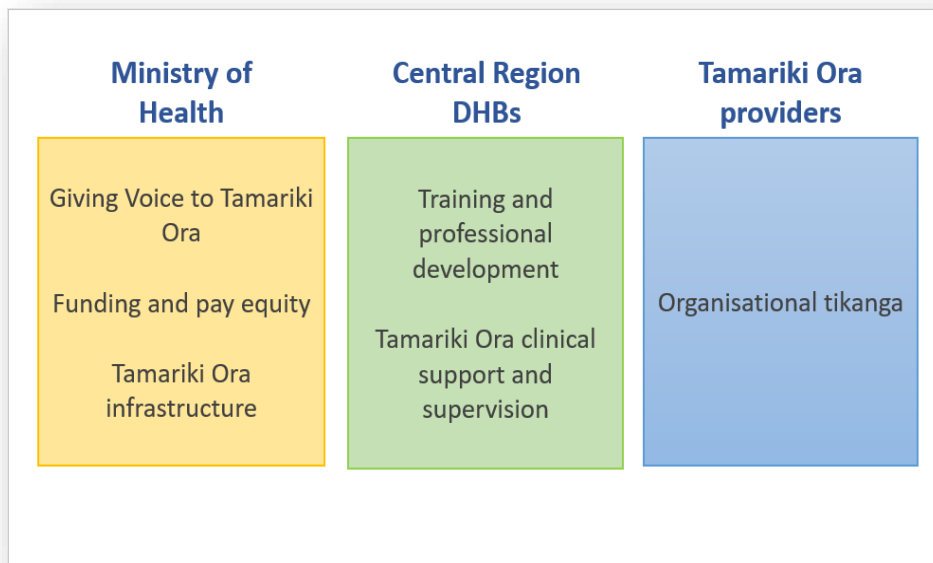
5 Recommendations

The Whakapakari Hunga Tautoko project has utilised a mixed method approach involving surveys, workshop, project process and structure that prioritised provider participation, cultural advice and expertise of kaumātua. The following recommendations are made in context of the findings and the commitment to improve equitable arrangements of Tamariki Ora providers to improve pēpi and whānau health outcomes.

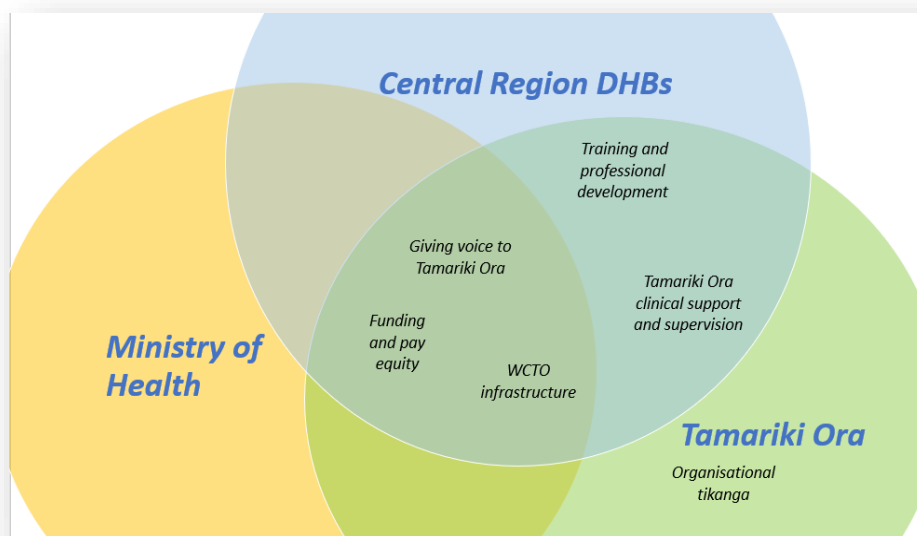
The recommendations of Whakapakari Hunga Tautoko to the CHIRPY group are:

1. **Accept** the report as completed and having met CHIRPY expectations
2. **Endorse** the six-key essential kaupapa as priorities
3. **Agree** to prioritise and resource a preferred solution for clinical supervision and support
4. **Agree** to develop a plan to implement the key kaupapa in partnership with Central Region Tamariki Ora providers
5. **Agree** to present this report to the Ministry of Health with the Central Region Tamariki Ora providers

5.1 Levels of Responsibility for Operationalizing the 6-Key Essential Kaupapa



5.2 Critical Partnerships for the Development and Operationalising of the 6-Key Essential Kaupapa



NOTE: Hawke’s Bay DHB and the Whakapakari Hunga Tautoko project team have met with the Ministry of Health to discuss preliminary project findings and understand how the imminent WCTO Review short-term improvements might align with some of the Project recommendations.



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Whakapakari Hunga Tautoko Project

WCTO Kaiāwhina Survey

(Survey to be conducted by phone, Teams or ZOOM)

| | |
|-----------------------|--|
| Name | |
| Position | |
| Verbal consent gained | |

Verbal consent should be gained from participants to share aggregated, anonymised information with the Whakapakari Hunga Advisory Group and Central Region DHB Portfolio Managers. Participants should be emailed a copy of their answers.

- 1) Please tell me about your role in the WCTO team? *(the function you fill within your organization)*
 - a) Who do you report to/who is responsible for you in your role as WCTO Kaiāwhina?

- 2) Please describe the support pathway/s within your organisation which support you in your role as a WCTO Kaiāwhina? *(survey facilitators can draw a diagram to reflect participants description)*
 - a) Who do you seek WCTO Specific advice from **internally** to guide you in your role as a WCTO Kaiāwhina? *(Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)*

 - b) Who do you seek WCTO specific advice from externally to guide you in your role as a WCTO Kaiāwhina? *(Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)*

- 3) What internal and/or external pathway/s do you follow if you had a challenging situation, issue or concern in relation to *(insert from list below)*, and how do you decide that this is the right pathway (or person) to follow?
 - Family Violence/Child Protection
 - Growth and Development
 - Infant feeding
 - Quality and safety concerns
 - Child Health and wellbeing
 - Mental Health
 - a) Is there anything else you would like to share about this?



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- 4) Can you talk to me about any experience, skills and/or qualifications that you have in your kete, specific to your present WCTO role?
- 5) What online or hard copy resources do you access to inform your WCTO practice?
- 6) Tell me about your last performance appraisal?
 - a) What types of things do you talk about? (*frequency of appraisals/what does the appraisal process include?*)
 - b) What processes are in place within your organization to support your continued learning and development in your role as a Kaiāwhina?
 - c) What support systems are in place that make you feel safe? (*i.e. Supervision, Cultural/Kaumatua support*)
- 7) What do you think needs to be considered going forward when thinking about WCTO clinical supervision/support structures?



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Whakapakari Hunga Tautoko Project WCTO Team Leader/Manager Survey

(Survey to be conducted phone, Teams or ZOOM)

| | | |
|--|--------------------|--|
| Name | | |
| Position | | |
| Total number of Tamariki enrolled in service (at end of Q3 2020/21) | | |
| Verbal consent gained | | |
| Rural or Urban provider | | |
| Geographical Cover | | |
| What is the FTE of your team? | Kaiāwhina | |
| | WCTO Nurse | |
| | Team Leader | |

Verbal consent should be gained from participants to share aggregated, anonymised information with the Whakapakari Hunga Advisory Group and Central Region DHB Portfolio Managers. Participants should be emailed a copy of their answers.

- 1) Please tell me about your role in the WCTO team? *(the function you fill within your organization)*
 - a) Who do you report to/who is responsible for you in your role as WCTO Team Leader/Manager?

- 2) Please describe the support pathway/s within your organisation which support you in your role as a WCTO Team Leader/Manager? *(survey facilitators can draw a diagram to reflect participants description)*
 - a) Who do you seek WCTO specific advice from **internally** to guide your clinical decision making in your role as WCTO Team Leader? *(Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)*



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- b) Who do you seek WCTO specific advice from **externally** to guide your clinical decision making in your role as WCTO Team Leader? *(Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)*
- 3) What internal and/or external pathway/s do you follow if you had a challenging situation, issue or concern in relation to *(insert from list below)*, and how do you decide that this is the right pathway (or person) to follow?
- Family Violence /Child Protection
 - Growth and Development
 - Quality and safety concerns
 - Child Health and wellbeing
 - Mental Health
- a) Is there anything else you would like to share about this?
- 4) Can you talk to me about any experience, skills and/or qualifications that you have in your kete, specific to your present WCTO Team Leader/Manager role?
- 5) Do you have a reduced caseload, so you are able to undertake the role and responsibilities associated with your WCTO Team leader/Manager role?
- YES
- NO
- a) Approximately how many hours a week are you released from caseload management to undertake you WCTO team leader/Manager role and responsibilities?
- 6) What online or hard copy resources do you access to inform your WCTO practice?
- 7) Please tell me about your last performance appraisal?
- a) What types of things do you talk about? *(frequency of appraisals/what does the appraisal process include, for example, self and Peer/Nursing leadership assessment of Nursing practice against The Nursing Councils Competencies for Registered Nurses)*
- b) What processes are in place within your organisation to support you to meet NZ Nursing Council competencies to maintain a current Annual practicing certificate?
- c) What support systems are in place that make you feel safe? *(i.e. Supervision, Cultural/Kaumatua support)*
- 8) What do you think needs to be considered going forward when thinking about WCTO clinical supervision/support structures?



REGIONAL SERVICES PROGRAMME

Whakapakari Hunga Tautoko Project

WCTO Nurse Survey

(Survey to be conducted by phone, Teams or ZOOM)

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| Name | |
| Position | |
| Verbal consent gained | |

Verbal consent should be gained from participants to share aggregated, anonymised information with the Whakapakari Hunga Advisory Group and Central Region DHB Portfolio Managers. Participants should be emailed a copy of their answers.

- 1) Please tell me about your role in the WCTO team? *(the function you fill within your organization)*
 - a) Who do you report to/who is responsible for you in your role as WCTO Nurse?

- 2) Please describe the support pathway/s within your organisation which support you in your role as a WCTO Nurse? *(survey facilitators can draw a diagram to reflect participants description)*
 - a) Who do you seek **internal** WCTO specific advice from to guide your clinical decision making in your role as WCTO Nurse? (Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)
 - b) Who do you seek **external** WCTO specific advice from to guide your clinical decision making in your role as WCTO Nurse? (Has this individual/s completed the WCTO trained Postgraduate Certificate in Primary Health Care Specialty Nursing (or equivalent)?)

- 3) What internal and/or external pathways do you follow if you had a challenging situation, issue or concern in relation to *(insert from list below)*, and how do you decide that this is the right pathway (or person) to follow?
 - Family Violence/Child Protection
 - Growth and Development
 - Infant feeding



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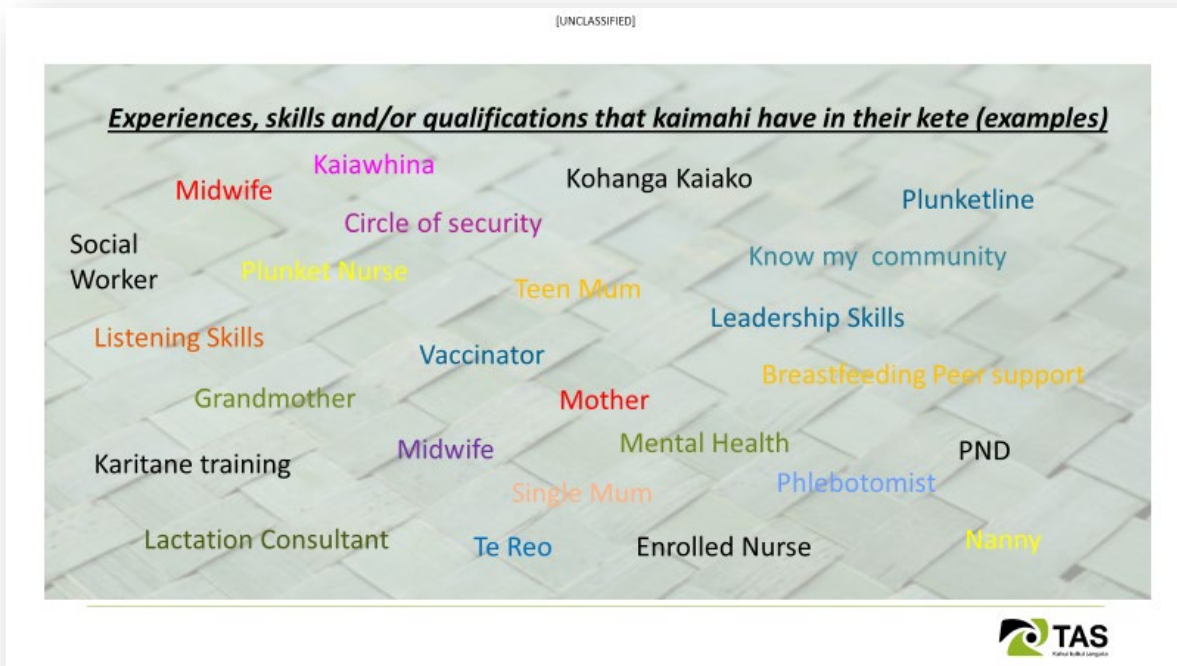
- Quality and safety concerns
- Child Health and wellbeing
- Mental Health

- a) Is there anything else you would like to share about this?
- 4) Can you talk to me about any experience, skills and/or qualifications that you have in your kete, specific to your present WCTO role?
 - 5) What online or hard copy resources do you access to inform your WCTO practice?
 - 6) Tell me about your last performance appraisal?
 - a) What types of things do you talk about? (frequency of appraisals/what does the appraisal process include e.g. self and Peer/Nursing leadership assessment of Nursing practice against The Nursing Councils Competencies for Registered Nurses)
 - b) What processes are in place within your organization to support you to meet NZ Nursing Council competencies to maintain a current Annual practicing certificate?
 - c) What support systems are in place that make you feel safe? (*i.e. Supervision, Cultural/Kaumatua support*)
 - 7) What do you think needs to be considered going forward when thinking about WCTO clinical supervision/support structures?

Kaimahi Survey findings – Current State

Workforce

- 1) 6 of the 8 WCTO Team Leaders/Managers manage more than one team within their organisation e.g. Family Start and Tamariki Ora teams.
- 2) Kaimahi described a wide variety of clinical and non-clinical work/life experiences and skills in their kete, which contributed to their ability to work with whānau.



- 3) 17 of the 18 Nurses surveyed have completed the WCTO Postgraduate Certificate in Primary Health Care Specialty Nursing, with 1 Nurse to complete in 2022.
- 4) 1 Kaiāwhina shared they had completed the National Certificate in Tamariki Ora - Well Child Services (Level 4) through Whitireia/Plunket.
- 5) 4 of the 8 WCTO Team Leaders/Managers hold client caseloads in addition to their WCTO Team Leader/Manager role, with another 3 providing cover for WCTO team members due to sickness/leave/vacancies.

Accessing WCTO specific advice and support

- 1) WCTO Kaimahi mainly accessed WCTO specific advice internally from their WCTO team colleagues and/or WCTO trained Nurses working in other teams within the same organisation.
- 2) The 3 WCTO Nurses, who completed the survey and who are managed by a WCTO trained Team Leader/Manager accessed WCTO specific advice from them.
- 3) WCTO Kaimahi did not describe a formal WCTO Support structure internally or externally which they can access to guide their WCTO Clinical decision making.

Referral Pathways

- 1) Having a good understanding of the services available in the community was very important in enabling nurses to support whānau who needed additional support.
- 2) There is a variety of different pathways and processes that Kaimahi follow when they had a challenging situation, issue or concern. Kaimahi mainly utilised DHB and Community services to support whanau's assessed needs.
- 3) WCTO Nurses often progressed to pathways outside of the organisation when there was a challenging situation, issue or concern, except regarding Family Violence/Child Protection pathways which were the most consistent, and more often dealt with internally.
- 4) Response's indicated that pathways were not usually based on guidelines or procedures but were developed by each individual kaimahi, it was not clear from the answers how kaimahi decided this was the right pathway to follow.

Resources accessed to support WCTO practice

- 1) Not all kaimahi access the MOH WCTO handbook online or in hard copy.
- 2) Kaimahi mainly accessed online resources to inform their WCTO practice. The websites accessed are varied, with the MOH website being the most widely utilised. Hard copy resources utilised included the WCTO Parent book; MOH and Mama Aroha talk cards.
- 3) There is no list or guidance nationally for WCTO recommended resources to inform WCTO Kaimahi practice.

Organisational processes that support WCTO Nurses to meet NZ Nursing Council competencies to maintain a current Annual practicing certificate, and to support Kaiāwhina with continued learning and development

- 1) Organisations actively support Kaimahi to access training/education and professional development and many reimbursed Nurses for the cost of their annual practicing certificate.
- 2) 3 WCTO Team Leaders/Managers and 3 WCTO Nurses (2 WCTO Nurses and 1 Enrolled Nurse) shared that they have performance appraisals based on Nursing council standards of practice.
- 3) The main type of performance appraisal described by Kaimahi was a generic organisational approach.

Support systems are in place that make Kaimahi feel safe

Kaimahi shared that they feel safe when they:

- Work within a supportive team;
- The organisation they work for recognises and supports tikanga and cultural practices, and offers cultural support;
- Management is responsive to their needs;
- Have access to Peer supervision
- Have access to clinical support

Kaimahi Survey Findings – Future State

| Identified Kaupapa | Representative korero from Kaimahi (from Survey) |
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| <p>WCTO clinical support and supervision</p> | <p>“Our WCTO team leader needs to be supported more, she has a caseload and manages the team and all the things that go on – she doesn’t have anyone to go to.”</p> <p>“To have a WCTO Clinical Nurse specialist role to support all Tamariki Ora nurses to observe a nurse’s practice; praise; encourage and support practice; develop practice; Professional development; peer supervision.”</p> <p>“I feel that the nurses need clinical supervision, I was shocked that they don’t receive any clinical supervision apart from the role that our Senior Tamariki Nurse undertakes.”</p> <p>“If I left, who would know what to do from a clinical point of view. Who would slot in and keep the Pou strong.”</p> <p>“I definitely want clinical support for the team leader – It would definitely be good to have a WCTO clinical leader I think it would be good when I need to ask for support from above to make the decisions to support the team.”</p> |

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| <p>Giving voice to Tamariki Ora</p> | <p>“Involving the staff in the decision making about them and the team – I think that with our Tamariki Ora contract often the decisions are made without us by the managers – this project (Whakapakari Hunga Tautoko Project) is good for us as we need to have a voice.”</p> <p>“I think that all the WCTO services (including Plunket) should get together and get to know one another – we are all doing the same work. Just getting together with other providers.”</p> <p>“This service is really taking off but if they don’t consider the resource needed for the future it will fall over – we can’t sustain it, we are told by the organization that they can’t afford more nurses, we need more funding and support from the DHB and MOH. We are getting so many transfers from Plunket we have had to close our books.”</p> <p>“Numbers are high, and we don’t cap them.”</p> |
| <p>WCTO infrastructure, including guidelines and networks</p> | <p>“There needs to be a standard / guideline that sets a base line that prevents the ad-hoc approach that can arise in different providers”</p> <p>“WCTO POU: needs to say nurse led right at the top.”</p> <p>“I think that when we get all the WCTO services together we should see if we are all doing the same thing”</p> <p>“A flexible but generic structure and support system, even if it is someone going around and visiting to support the nurses who are working in isolation. Precepting, educating.”</p> <p>“Regarding infrastructure things like having to write your own policy’s is time consuming, not having a national collective is problematic.”</p> <p>“Access to information and support with pathways for WCTO Nurses.”</p> <p>“I think that when we get all the WCTO services together we should see if we are all doing the same thing and learn from one another.”</p> <p>“I really believe that it would be amazing to have a client cap per nurse, we have so many babes and so understaffed. Something in writing to suggest best practice of how many babies and how many families allocated to each nurse. Need a safe amount of staff for the number of babies.”</p> |

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| <p>Funding and pay equity</p> | <p>“There is insufficient resourcing for pay parity and additional training. Availability of WCTO specific Peer and clinical supervision. “</p> <p>“Maybe we can have a clearer structure between Kaiāwhina and Nurses and recognised through pay.”</p> <p>“In a lot of Tamariki Ora providers there is a high turnover of staff, unsure if this is due to lack of support”</p> <p>“Funding is an issue the service is underfunded and can feel like the poor cousin to Plunket in relation to resources e.g. need money to purchase new scales – where does this come from?”</p> <p>“A formal recognition of the levels of skill within WCTO, opportunities for further education on areas of expertise; if someone wants to specialise than this can be reflected by qualifications. We want to build on WCTO nurse’s skills and not lose to the service.”</p> |
| <p>Training and professional development</p> | <p>“There needs to be more than the post grad course when nurses start in the WCTO role. I was more concerned about the basic foundation skills and screening e.g. head to toe assessments, what we are looking for and why.... some basic practical, fundamentals of WCTO nursing, being able to provide some basic answers/info to Mum.... for example, treating thrush, eczema, sleeping issues etc- age old questions that really never change but as a new WCTO nurse we have no answers for”</p> <p>“We are quite isolated in getting evidenced based knowledge because no one brings it to you, you must search for it. It would be good to have a central place to go to get the information. Plunket are lucky because they have access to everything at their fingers – Te Mara, Plunket handbook, Plunket line manual.”</p> <p>“There needs to be better initial training for WCTO nurses, before they are sent to do the PG Cert. course. There needs to be a central place to access the most up to date and best practice information related to WCTO clinical practice.”</p> <p>“Perhaps someone could make a video about the basics e.g. head to toe with what you are looking for when you would refer and why? So, then you could watch it and refer back to it sometimes.”</p> <p>“I think about training for staff pertaining specifically education to WCTO and an online tool to access.”</p> <p>“Specific training about: -Maori tikanga and kaupapa -Maori models of care</p> |

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| | <ul style="list-style-type: none"> -Mental Health and -Addiction including post-natal depression -Family Violence -Wellbeing from a Maori perspective -Health Inequalities -Unconscious Bias” |
| <p>Organizational Tikanga</p> | <p>“I like how we can incorporate our tikanga into the role comfortably because we work for a Maori provider.”</p> <p>“We are able to spend more time with whanau”</p> <p>“I think that kotahitanga, working harmoniously with others and our team, internally and externally. We are all working for whanau, we need to be Ponu (true) and kanohi ki te kanohi/Whanaungatanga – all these values drive our organisation.”</p> <p>“I feel like we are in a good position here, we have each other, a close-knit team and we can go to each other. Any social issues we can talk to Family Start with. This is available straight away – they are in the same building as me it is instant and able to be dealt with in a timely manner.”</p> <p>“Whanau Ora approach, we don’t just go in and see the baby – knowing all the referral pathways to support whanau.”</p> |