

## THE NON-REGULATED WORKFORCE IN THE HEALTH AND DISABILITY SECTOR

### EXECUTIVE SUMMARY

In October 2005, District Health Boards (DHBs) released a 5 year collaborative strategic workforce plan, *Future Workforce*. One of the Strategy Groups set up by *Future Workforce* is the Non-Regulated Workforce Strategy Group which has commissioned this paper. The paper provides an overarching snapshot of the non-regulated workforce in New Zealand and activity underway to support its development. It also identifies issues and proposes action priorities to progress development of this key workforce.

**Definition:** The non-regulated workforce, as defined in this paper, can be summarised as people who have direct personal care interaction with clients, patients or consumers within the health and disability sector and who are not subjected to regulatory requirements under health legislation. Definition of this workforce reflects inclusions and exclusions as per the coverage agreed between DHB Workforce Strategy Groups.

The non regulated workforce spans inpatient hospital services (e.g. healthcare assistants and orderlies), residential care workers, community and home based services, as well as workers in the field of mental health disability and needs assessment and service coordination. The workforce includes paid and unpaid workers (for example family / whanau carers and volunteers). The workforce's focus of care is respectively restoration, recovery, rehabilitation, participation and independence across the service spectrum.

Excluded from this definition are health professionals who are subject to the requirements of the Health Practitioners Competence Assurance Act 2003 and the Social Work Registration Act 2003. Also excluded are allied health workers (covered in the Allied Health Workforce Strategy Group), public health workers, hotel service personnel (e.g. food and laundry staff), ancillary staff (e.g. ward clerks), people who do not have direct patient, client or consumer interaction (e.g. medical typists, telephonists) and traditional and complementary therapists not funded by the public health sector.

Strong and significant Mental Health workforce development initiatives led by the Ministry of Health have been undertaken in recent years. This paper acknowledges and supports these initiatives and accordingly does not specifically address the mental health non regulated workforce.

**Sector Strategy:** There are several Government strategies that comment on this workforce including the New Zealand Disability Strategy (2001), the Primary Health Care Strategy (2001), Health of Older People (HOP) Strategy (2002), He Korowai Oranga – Maori Health Strategy (2002), the Pacific Health and Disability Action Plan (2002), Te Tahuhu 2<sup>nd</sup> Mental Health Plan (2005) and related workforce development plans.

DHBs have identified the non-regulated workforce as a key workforce for the future of New Zealand's health and disability services. New Zealand's' changing population structure will increase the health and disability sector's reliance on non-regulated workers. The non-regulated workforce is also vital for DHBs as it supports the continuum of care and is inextricably linked to the regulated workforce.

**Workforce Development:** Currently, many in the non-regulated non-mental health workforce are low paid, female, casualised, volunteer and workers have high turnover rates. This is a major issue for the sustainability of the workforce and services into the future. There is a need to develop alternative service delivery models that develop and support workers, to change employment practices and to look at quality and safety issues. For example, there is a need to more effectively manage risk under the Health Practitioners Competence Assurance Act (2003) to regulated workers and their employers arising from the training and supervision of non-regulated workers.

Sector-wide there are already a range of initiatives underway that impact on the non-regulated workforce. These generally focus on a specific part of the sector and can be categorised into four areas: training; support for carers (unpaid); service and workforce planning and development and Needs Assessment and Service Coordination. In

particular, mental health workers have a well planned workforce development strategy compared to the rest of the non- regulated workforce.

A major issue highlighted by this analysis is the absence of an overarching strategy for this important workforce. A sector-wide development strategy would provide a unifying focus and reduce siloing and duplication. A single development framework would also enable the sector to ensure workforce development is responsive to the sector's service needs. This could include exploring opportunities that the non-regulated workforce offers as a resource to the sector, for example, opportunities for inter-sectoral approaches and the development of career pathways and staircasing options allowing non-regulated workers to develop the competencies to enter the regulated workforce.

### **Recommendations**

In *Future Workforce* DHBs recognise that workforce development is an important enabler for the sustainable services and models of care that will achieve population health and disability goals. To be effective, workforce development must be based on and in turn, support, clear service directions.

To ensure that the non-regulated workforce is able to support the sector to provide sustainable services there must be investment to grow a stable, competent workforce. New Zealand now needs a strategic approach to the development of this important workforce to ensure that it becomes a core sector resource and frees the regulated workforce for the more complex components of service delivery.

Recommendations identify the initial priorities identified by the Non-Regulated Workforce Strategy Group to progress development of this key workforce. Recommendations fall into the categories of Service Delivery Models, Workforce Training and Development, Family / Whanau Carers and Supervision and Role Definition. Two key priorities are to address the strategic service and development framework of the traditional home support (domestic assistance and personal care) services and to take a strategic view of the whole non-regulated workforce.

**It is recommended that:**

***Service Delivery Models-Community Support Sector***

- 1: Planning and Funding Managers via the DHBNZ Service Improvement Group (SIG) progress a collaborative DHB approach within the Health of Older Persons joint work programme.

This will include:

- service delivery models (models of care) and a strategic framework for the home support sector
- linking with relevant parts of the support sector (e.g. Home Health Association, MoH, ACC), with a focus on workers in home care services and aged residential care for older people
- Identifying & exploring [innovative/ alternative/ new] ways of supporting people in their own home.

***Workforce Training and Development***

- 2: Work with other stakeholders to develop a strategic industry based training framework that
  - develops a unified approach to development of the non-regulated workforce, and
  - provides for the potential to staircase into the regulated workforce
- 3: As a priority build on existing DHB and MoH work that has been undertaken as a result of the Quality and Safety project, with a focus on the home support workforce.

***Family/Whanau Carers***

- 4: Work with Government and related agencies to develop the newly announced New Zealand Carers Strategy. Key areas of interest in this process would be identifying and exploring opportunities to improve support for unpaid / informal carers in NZ and reducing risks for flow on costs to the Health sector. This will also link with respite care opportunities.

***Supervision and Role Definition Risks***

- 5: Work on role definition and boundaries, including delegation levels and ways of supervision in the new service delivery models
- 6: DHBs [provide value add feedback] participate into the review of the HPCA Act 2003
- 7: Determine if an overall risk management framework is required for future service and workforce needs.