2016-04/001
T:/D102

April 1, 2016

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Tēnā koe

Children's Workforce Core Competencies: Draft Framework

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the core competency framework for the children's workforce ("the framework"). We thank you for the small extension to the brief consultation timeframe which, as we have indicated, does not give us enough time to submit as fully as we would have liked. However, in addition to sending out the survey, NZNO has consulted members and staff as widely as possible, including in particular nurse/midwives, the College of Child & Youth Nurses (CCYN), Neonatal Nurses College, College of Primary Health Care Nurses and our expert and experienced professional child nurse advisers. We have also discussed the framework with other health practitioner organisations, including professional bodies from a range of health disciplines and regulatory authorities.

In general, while the framework objectives are laudable and there are aspects that are and will be useful, we remain sceptical that this is the most urgently needed or effective way of protecting children at risk. The wide range of health workers and employment situations that the framework encompasses is a useful 'umbrella', but is impractical in that it doesn't offer the simple 'one page' guidance to employers of (unregulated) workers where there is currently no competency framework; it risks creating a certification industry which may increase the cost of child services without appreciably contributing to child health and safety; and it potentially duplicates/ trespasses on territory which is the mandate of the responsible authorities (RAs) regulating health practitioners under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The purpose of the HPCAA is to protect public safety by assuring the lifelong competence and fitness to practice of health practitioners; we are confident that it affords robust protection of children's health and safety by regulated health practitioners working with

children. All the children's workforce competencies at the practitioner level are contained within the regulated nursing competencies; nurses working with children would use specific examples of child health practice to describe how they met those competencies. NZNO does not support duplicating or mandating requirements for regulated health practitioners to evidence competencies beyond those required for the Annual Practicing Certificate (APC), and despite the Framework purportedly sitting alongside professional competencies, there is no assurance that this will not occur.

Consultation

For the record, NZNO is very uncomfortable with the processes around the development and implementation of the Children's Action Plan; we are not sanguine that the voice of the health workforce is being sought or heard appropriately. NZNO, along with the New Zealand Medical Association, supported the withdrawal of the PPTA from the Workforce Advisory Group and the Framework Design Team workstreams on the basis of the systematic failure to "properly engage with the existing systems and competencies within each sector of the children's' workforce". NZNO's particular concern is to ensure that nurses who have a major frontline role in child health and safety in all health settings - home, school, community, PHO, hospital - and who are often lead professionals in children's action teams, are involved in the design and subsequent phases of the CAP. We strongly recommend the Office of the Chief Nurse as a key participant in the CAP, and for workforce competencies, we believe it essential that the RAs are involved[1].

We also take this opportunity to draw your attention to the recommended guidelines for consultation in:

- Section 7 of the Local Government Act which stipulates a minimum of four weeks and a maximum of three months;
- the Ministry of Health consultation guidelines for District Health Boards relating to the provision of health and disability services (2002); and
- The Cabinet Manual which advises that "Effective and appropriate consultation is a key factor in good decision making, good policy, and good legislation" and requires "realistic time frames"

and advise that to ensure robust consultation with our 47,000 members and 20 specialist colleges and sections, NZNO will not submit where the consultation period is less than 28 days ie four working weeks, and we strongly recommend a much longer consultation period of between six and twelve weeks, depending on the complexity of the issue. We also recommend to your attention a recent article on consultation published in the March edition of the Specialist[2].

General

Nurses are committed to children being able to grow up safely and healthily in Aotearoa. As we have noted previously, we believe all children are vulnerable and that strengthening

[1] We are aware that there is some nursing input into the aforementioned work streams eg from Plunket, but our understanding is that it is a struggle to get the nursing voice heard in the predominantly social work-driven context. The Well Child model has a holistic socio-ecological framework within which clinical assessment and decision-making fits, but this does not seem to be reciprocated at social welfare end.

[2] Note Lyndon Keene. Consultation or 'Public relations'. *The Specialist,* ASMS. pp5- 6. retrieved April 2016 http://www.asms.org.nz/wp-content/uploads/2016/03/10985-The-Specialist-Mar16-WEB-1.pdf

universal services would be a more effective approach than the CAP's narrow focus on child protection strategies. The CAP's focus on the workforce is misplaced as child abuse overwhelmingly occurs within families. A holistic approach aimed at enhancing awareness, parental competence and safe environments ie health promotion/health determinants approach to improve health literacy, and reduce poverty is needed to ensure children's health and safety in Aotearoa.

NZNO supports building children's workforce capability, but we are also realistic about the additional education/training resource needed to support knowledge development. While we understand that the intention is for the CAP to be implemented by rearranging rather than adding to existing resources, we do not think this is practical in terms of workforce training.

The children's workforce encompasses a broad range of workers (regulated and non-regulated) and sectors; the framework offers a consistent approach across children's workforce, but we suggest that the focus at this stage should be supporting/setting a minimum standard of basic knowledge and skills, since where higher education and skill is required, existing professional standards already exist. The tiered approach is aimed at organisational accountability, as employers need to be able to support staff with the right resource and skill. The Framework's five tiers capture the breath of the children's workforce, whereas the Ministry of Social Development's *White Paper for Vulnerable Children* (2012) identified only three tiers (CYF workers, Children's Team Workers and Others). We believe a simpler model may be more practical, than the complexities inherent in the five tier model.

Our concern is to avoid potential confusion or unnecessary compliance costs with employers demanding or believing they have to employ people with accredited skillsets at a higher level than necessary. Additional costs are usually passed on to employees and consumers both of whom would be penalised by this scenario. Eg DHBs used to provide education and onsite training for Healthcare Assistants, but are now insisting on them having level 3 Certification before they start. A worse scenario would be if providers who see only a few children as part of their service decide to opt out of providing services for children if the burden of compliance ie regularly certifying all their employees, was too high. The underlying issue is the cost benefit ratio of additional training and accreditation, and we recommend that a cost benefit analysis for implementing the Framework is undertaken.

At the higher levels, we acknowledge that the Framework may be very useful to specialist children's workers eg in multidisciplinary children's actions teams and to develop an understanding of how existing health practitioner competencies are meeting the needs of children.

Other general issues arising from discussion include, in no particular order:

- the language, which is somewhat problematic in relation to caring for children (eg targets, track etc);
- recognition of the ethical issues regarding consent from children as consumers;
- lack of clarity around how workers will demonstrate competencies and how providers will monitor them;
- unsettling vagueness about setting 'mandatory' competencies;
- the imposition of another workforce compliance process while there are still unresolved issues with screening and vetting;
- lack of clarity as to who this will apply to both now and in the future – the legislation very specific, but this goes much further in encompassing all workers (regulated and unregulated, volunteers etc; and that

- the cost implications have not canvassed; in other jurisdictions eg UK these have proved unsustainable. (Indeed the costs of implementing the vulnerable children's act have been hugely underestimated and no extra resource has been provided.)

Success requires a Framework that can be tailored to each community, is culturally appropriate, that recognises different operating models and practice frameworks, and offers multisector training opportunities and ongoing professional development. It should also offer clarity around accountability and responsibility for implementing and monitoring competencies.

Consultation questions

The following questions were asked
1) Is it a useful document?
2) Does it align with competencies?
3) Are there missing or inappropriate competencies?

Question 1
The document is useful and the six competency domains are relevant. The stated intention of the framework is to "provide a level of consistency in standards and practice for all the different roles in the children's workforce", to build on existing skill knowledge and values, and share those strengths across workforce professions and roles. There is acknowledgment that the competencies will not replace professional core competencies, but also that the Framework will be used to establish *mandatory* competencies, which are not identified.

We agree that the benefits of core competencies across all workers could lead to:

- greater collaboration and sharing effective practice to achieve better outcomes for children;
- promoting core values, including a visible and strong commitment to the rights of the child, child-centred practice, and a culture of child protection; and
- increased opportunities for workers who would be better able to work across different parts of the children's sector, knowing they have a core of skills, knowledge and values that they can bring with them to a new profession.

In discussion the CCYN noted that the competencies in the children's workforce draft framework could all be cross-referenced to Nursing Council New Zealand (NCNZ) core competencies for both registered nurses and in the New Zealand Child Health Nursing Knowledge and Skills Framework. They asked how the evidence that nurses already provide to fulfil their own professional competencies will be cross-referenced to the Children's workforce competencies to avoid duplication, and recommended that the document clarify this to avoid any confusion.

Question 2
The competencies aligned closely with both New Zealand Child Health Nursing Knowledge and Skills Framework and the NCNZ core competencies for nursing.

Question 3
"Lead and sustain transformational change" is a meaningless and inappropriate subdomain of competence in "working collaboratively". It is not a core competence of people who work with children. It sits alongside such other phrases as "disruptive innovation" that have normalised a mind-set bent on continual change rather than continuous quality improvement.

Health practitioners, and children's workers need to be able to consolidate, reflect on and appreciate the value of their own and others' work. How, when and to whom should a health worker demonstrate competence in "transformational change" to his/her employer ? We recommend you replace this subdomain with appropriate competencies in leadership, flexibility, etc.

A list of suggested changes and minor adjustments related to skill value or knowledge mainly from the CCYN follows:

Tier A0 Children's Workforce Foundational Tier
Be culturally competent
Work with Māori: Recognises bicultural partnership in New Zealand…. We are pleased that te Tiriti principles have been practically acknowledged in this competency which we strongly support, but it is a fundamental competence, distinct to, and within Aotearoa, and is emphatically *not* constrained to 'working with Māori. This should be a separate and distinct subdomain throughout.
Identify needs and respond to vulnerability
Support a culture of child protection: We suggest replacing protection with child health and safety throughout the document.

Tier A1 Children's Workforce Practitioner tier
Be culturally competent
Work with diversity & difference: Willing to reflect on the impact of their background (for example, their culture, values, and beliefs) on their practice, and adopt strategies to manage this. V- this is more a skill than value.
Work collaboratively and share information*:*
Work collaboratively: Actively seeks and participates in collaborative professional learning opportunities. V Skill more than value

Identify needs and respond to vulnerability
Support culture of child protection: Able to identify children that are not having their physical, emotional, cognitive and socio-cultural needs met, and can respond quickly and effectively. K Skill more than knowledge
Child protection policies and processes: Able to identify indicators of vulnerability in mother and baby. No competency descriptor given. Suggest K

Engage parents, family, whānau and caregivers
Empower parents, family whānau and caregivers: Able to apply the skills, knowledge and values described in the ***Be culturally competent*** *domain to support effective communication with parents, family, whānau and caregivers*. No score given. Suggest V

Act in the best interests of children
Champion the rights and interests of children: Able to work with children in a manner that promotes their rights and respects their dignity. S suggest V

Tier B Children's Workforce Advanced Practitioner Tier
Be culturally competent
Work with Māori: Able to use Te Reo Māori throughout interactions with Māori in a respectful, brave and deliberate way. S Remove brave as this is condescending to the practitioner

Identify needs and respond to vulnerability

Understand child development: Able to support colleagues to navigate competing theories about how children develop. S Similar to prior competence which is a K suggest this also is K

Tier C Children's Workforce Management Tier
Be culturally competent
Work with diversity and difference: Able to use the knowledge, skills and values of staff form diverse backgrounds to sustainably build cultural competency across staff. S Typo - should be 'from' not 'form'

Engage parents, family, whānau and caregivers
Communicates effectively with parents, family, whānau and caregivers. *Models behaviours and attitudes for the children's workers they manage that reflect how parents, family, whānau and caregivers should be treated*. S Possibly more V as also is V in empowering children.

We trust the above is useful and look forward to further and better communication and consultation on the CAP.

Nākū noa, nā

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NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*