



TOITŪ TE WAIORA

**Community, Health, Education
and Social Services**

Workforce Development Council

Advice from Toitū te Waiora to TEC (Tertiary Education Commission) for investment in 2025

5 December 2023

SECTION A – Context

A1. Is there any context you would like to provide for your advice?

Limitations of our advice

The current requirement by TEC funding mechanisms is being challenged by the largest government partner in our sector coverage. In July 2023, Te Whatu Ora sent a clear message to TEC about the training provision for the health workforces in the Health Workforce Plan:

“Who else is responsible – and what do we need?”

Tertiary Education Commission (TEC): We need to build common processes to allow health supply and demand pressures to better shape where we invest in tertiary education – including moving away from blunt mechanisms to control training supply”.

- Health Workforce Plan 2023/24¹ (p21)

Poor workforce data

Without exception the paucity of workforce data continues to be the biggest challenge for all our sectors. None of the workforces supported by Toitū te Waiora qualifications are regulated or registered workforces. Outdated ANZSCO coding misrepresents our workforces significantly. Indicative reports from industry, education providers, media coverage (*appendix 9*), government policy and strategy, and sector plans (*appendix 5, 6, 7 & 8*) tell us that recruitment and retention remains an urgent priority and where some of the critical pressure points are.

BUT they don’t have the numbers. If they don’t have the numbers, then we don’t have the numbers.

Even the Ministry of Education, Te Whatu Ora and the Social Workers Registration Board cannot provide any data on the workforce projections in the unregulated, kaiāwhina, kaimanaaki and kai tautoko workforces.

And they can’t GET the numbers either. Te Whatu Ora admits in the Health Workforce Plan that:

“We only have visibility of the health workforce that work for health agencies directly. We can access some information on the wider workforce from regulators, but the information gathered by each one is different. We do not have a good way to account for health workers who are not in either of these categories – like many kaiāwhina working in the community”. (pg. 15)

and

“poor-quality data, and an inability for the health system to articulate its workforce need has made it hard for the tertiary education and immigration systems to help meet demand”. (pg. 3)

and

¹ [Health workforce plan 2023/24 July 2023](#)

“We have limited data on our community workforce in general, because services are provided by a wide range of providers –and we do not get a clear view of their vacancies or capacity. We also struggle to access more personal data like ethnicity, or the disability status of workforces. This makes it hard to estimate the real demand for workforce across Aotearoa particularly because demand in the community sector is hard to measure”. (pg.15)

The Disability Support Workforce Community Engagement² report commissioned by the Disability Directorate, Manatū Hauora, reports that:

“**We hear there is poor sector level information** - Strategic workforce management relies on having quality information about the workforce such as a breakdown by location, age, ethnicity, gender, role, skills and provider type. It was difficult to source this industry level information, highlighting a need to strengthen workforce data collection and analysis at the industry level. This was raised as a particular source of concern amongst workforce representatives and service providers”. (pg. 23)

The community and social services sector is particularly pressured with no single body representing the multiple roles in the sector. The only accurate information that is collected is for Social Workers who are now regulated but out of scope for Toitū te Waiora due to the qualification level.

The Ministry of Education provides information based on Census data largely focused on the regulated teaching profession at all levels including ECE. They have communicated that information on home-based education, playcentres and education support workers are unable to be released due to privacy reasons.

Limited learner data

The learner data from TEC is vital in understanding the uptake and completion of qualifications but is limited to the qualifications that Toitū te Waiora oversees. That is, we have no holistic data oversight of the vocational qualification and training eco-system in our sectors.

Further limitations include the difficulty in accessing reliable completion rates and no access at all to enrolments by qualification strand. This is most significant for:

- New Zealand Certificate in Health and Wellbeing (Level 3) with strands in Healthcare Assistance; Integrated Practice (Family and Whanau Harm); Newborn Hearing Screening; Orderly Services; Support Work; Vision Hearing Screening; and Whanau, Kin and Foster Care [Ref 2470]
- New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) with strands in community health work, disability support, diversional therapy, mental health and addiction support and whānau community and social services [Ref 2992]

[Ref Appendix 10 – Roles and subsectors relevant to the NZ Certificate in Health and Wellbeing (Social and Community Services)]

Government Plans such as the Health Workforce Plan 2022/2023 from Te Whatu Ora and RSLG workforce plans (*appendix 1*) also acknowledge and advocate for better data to support our planning.

² Disability Support Workforce Community Engagement, *Allen + Clarke, All is for All* and *Te Amokura Consultants, March 2023*

Limited forecasting of future need. Government funding for provision of services

Government policy is a key driver for many of the sectors that Toitū te Waiora supports. With the exceptions of Funeral Services, Urban Pest Management and Beauty Services, our industries are largely dependent on government funding to operate. Vote Health and Vote Social Development are the main source of funding for New Zealand's health & disability system and social services and community sector, while ACC is the other major source of public funding.

Forecasting from such sources as Infometrics does not take into account the demographic drivers for increasing demand of health, wellbeing and education supports nor the increasing complexity of those supports which can be linked to demand for workforce capacity and capability.

Te Whatu Ora says:

“Our [limited insight] data and modelling assumes our health system will look the same tomorrow as it does today. But we know this will not be true”. (pg.15)

In these sectors it is difficult to plan with any accuracy what the uptake for workforce training may be two or more years ahead as services are often not commissioned and funding not confirmed. Funding does not recognise the cost of workforce training so many of our employers are wedged between government funders in tension.

Because the health, community, education and social services sectors are largely dependent on government policy, the change of government in November 2023 will alter the funding provision for services as new priorities are set. A further complication for workforce forecasting is the pay equity legislation which has provided critical impact on the uptake of training for kaiāwhina and kaimanaaki in the health and wellbeing sectors. With pay equity negotiations currently paused, it is almost impossible to understand whether that same demand for training will continue.

Our Advice

We have asked for increases in the provision of funding for qualifications overseen by Toitū Te Waiora in Youth Work, Health and Wellbeing, Funeral Services, Workplace Health and Safety and Pharmacy Services. We have estimated enrolment number increases as we do not have visibility over the saturation of qualification achievement.

While we acknowledge our responsibility to advise on mode and scale of provision for all qualifications in our coverage we have only done so where we have been able to provide at least some evidence of workforce need. Where we have requested increases in provision, it does NOT mean that there is a reduced need for vocational training investment in qualifications that are not included in our advice or that there are no skills shortages in the industries that are not explicitly mentioned in our advice. Provision should remain constant for qualifications not identified for an increase or decrease in provision.

To provide our estimates without complete workforce data, we have relied on recent enrolment figures as a proxy for demand for provision, industry subsector forecasts where available, government messaging, and demographic drivers such as aging populations.

We have commissioned AUT to conduct research into outcomes for graduates of all qualifications under Toitū te Waiora responsibility for development. This will include further education and training, employment and wellbeing outcomes. The research will also consider the outcomes for learners who do NOT complete qualifications. Any relevant findings will be shared with TEC in out of cycle advice.

We have also indicated where we see that increase in provision for funding for qualifications where we are not the developer and have less visibility, but where we know that these qualifications will support workforce need(s) in our sectors. In these instances, we have provided evidence for demand. Further work is needed to estimate the scale of coverage for 2025. Qualifications that fall into this area include Nursing, Kōhanga Reo, Whānau Ora, and Education Support.

Health and Wellbeing – Kaiāwhina and Kaimanaaki workforces

The term **kaiāwhina** describes all the non-regulated roles in the health and disability sector. This includes such community support, disability support, mental health and addictions support, primary care assistance, public health assistance, hospital orderlies, peer support, screening services and allied health roles such as allied health assistants, dental assistants and laboratory technicians.

Similarly the term **kaimanaaki** encompasses all the significant “unregulated” social services workforce roles. The social service roles that are captured within the kaimanaaki workforce are many and varied, including such roles as family and sexual violence support workers, Māori wardens, youth workers, consumer advocates, navigators, budgeting support, food security and housing support workers.

See Appendix 10 for a broader range of roles and services supported by the New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) as an example

Training for kaiāwhina and kaimanaaki roles are supported by qualifications in health and wellbeing and whanau ora from Levels 2 to 6.

Wellbeing Equity

Toitū te Waiora workforces in health and wellbeing have a particular role in addressing equitable outcomes for Māori and to support the Crown in its Te Tiriti o Waitangi partnership with Māori to deliver equitable health outcomes. The WAI 2575 report argues that the Crown has failed to deliver these equitable health outcomes for Māori and is therefore in breach of Te Tiriti o Waitangi. This was one of the key drivers in the Health and Disability System Reform where progress to effect change for Māori is a priority. Because of this, the wellbeing workforces need particular consideration in supporting workforce growth and increased capability.

New Zealand’s health and wellbeing workforce(s)’ students and learners do not reflect the diverse communities they will serve in several different dimensions, including Māori and Pacific, and students who come from low socioeconomic and rural backgrounds. While we have not specified individually, we expect to see providers working to grow enrolment numbers for these groups in all the qualifications in all our sectors, with no exception.

We need to do more to support and grow our workforce so that: our workforce is representative of our diverse population – particularly for Māori and Pacific communities which have been long underserved by our health system. - Health Workforce Plan 2023/24³ (pg.8)

For a sustainable workforce pipeline we need to see greater youth enrolment in order to offset the departures due to age and retirement, particularly from the care and support workforces

³ [Health workforce plan 2023/24 July 2023](#)

The risks of waiting for accurate data

While we understand that the TEC prefers to lock provision into fixed algorithms based on clear and accurate quantitative data, some workforces particularly non-regulated ones cannot rely on it. Critical workforces should not be penalised for the absence or inconsistency of reliable workforce data. These are our most vulnerable workforces where lack of visibility may exacerbate workforce shortages or the need for growth in roles supporting Aotearoa New Zealand's most vulnerable populations.


When all other evidence however circumstantial or indicative (including government messaging), tends towards an increase for provision then the risk of doing nothing must surely outweigh the risk of over-provision.

Assigning Priority Level

We have not assigned a priority level for our advice. Given we do not hold complete workforce data, it would be remiss to prioritise one qualification over another. Anecdotally, we would suggest the health and wellbeing qualifications are of utmost priority. We expect information gathered through the health and wellbeing qualification [review](#) over the next 18 months will surface more meaningful evidence to support future investment advice. Our insights improvement programme over the coming months includes development of a robust and analytically sound prioritisation criteria that we can apply in the future. We will test this with TEC as it is developed.

SECTION B – TEC investment advice




B1. Which specific qualifications and credentials do you want to see growth in (that can be supported by TEC investment in 2025)?

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
Youth Work - Kaimanaaki					
<p>New Zealand Certificate in Youth Leadership (Level 3) [Ref 2448]</p> <p>Previously NZ Certificate in Youth Work</p>	Workplace	All	<p>Probable Increase 200* STMs to 450 total enrolments (+80%)</p> <p>*Based on anticipated enrolments from Oranga Tamariki.</p> <p>Maintaining provision will be sufficient for enrolments outside of the enrolments forecast from Oranga Tamariki</p>	<p>In the absence of complete workforce data our advice is based on:</p> <ul style="list-style-type: none"> > The largest employer of youth care and protection workers Oranga Tamariki have identified a workforce need at the foundation level (Level 3) that this qualification provides. This is about upskilling an unqualified workforce to provide youth leadership skills in the care and protection setting. > Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing (Manatū Hauora 2021) “Prioritise the growth and development of Māori, Pacific, youth and cultural workforces and create new roles in primary and community settings” (pg. 40) - <i>This means that youth work is a priority in mental health wellbeing and any growth in the workforce will need to be supported with increased provision for training</i> > Increasing demand and access to Mental Health and Addiction services for young people over the last 10 years Insights Reporting Series - Young people 16–24 years old (MSD, March 2023) “In the March 2010 quarter, 5.2 percent of young people had accessed mental health and addiction services, and this more than doubled to 13.3 percent by the June 2019 quarter” (pg.4) - <i>This means that youth access to mental health support increased by 155% over 9 years – the workforce needs to increase to support consumer need.</i> 	<p>Feedback from the Youth Work review consultations (including peak bodies and employers) show that the skills in the L3 qualification provides a good foundation qualification to Youth Work, supports the change of title to the NZ Certificate in Youth Leadership and provides a step towards the higher qualifications required to becoming a youth worker. <i>Ref: Appendix 3 - Consultation notes of Youth Work review and letters of endorsement</i></p> <p>Enrolment numbers and feedback from the Youth Work review consultations suggests maintaining level 3 provision in favour of Level 4 to as the preferred minimum for the role of Youth Worker however, we have opted to request an increase in provision based on likely numbers coming from Oranga Tamariki which are on top of the provision for other industry support of career pathways starting at Level 3</p> <p style="text-align: center;"></p> <p>Re Youth Work L3 - evidencesupport of u</p>

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p><i>“Some young people may be experiencing more complex challenges. longer term trends also suggest that young people may continue to need more support with their mental health. Both the wider youth population, and young people receiving benefits, are also estimated to spend longer, on average, receiving a main benefit than they were two years ago, partially reflecting a decline in exit rates from 2018 to 2022 – This means that increasing numbers of young people have complex needs that include longer periods of unemployment – the workforce needs to increase to support consumer need.</i></p> <p>› Four RSLG Workforce Plans from Canterbury, Nelson Tasman, Tāmaki Makaurau, and Waikato identify Youth Work as a regional priority. Ref: Appendix 1</p>	<p>Oranga Tamariki have enrolled their first cohort of 60 from their Epuni Care and Protection Unit into the Level 3 qualification. This training will take place in 2024.</p> <p>It is our understanding that Oranga Tamariki is considering making this qualification mandatory for all Care and Protection units.</p> <p>Residential Youth Worker recruitment advertisements from Oranga Tamariki state “We offer significant training and professional development so that you can thrive and grow”.</p> <p>Out of cycle advice will be provided to update TEC on Oranga Tamariki training needs.</p>
<p>NZ Certification in Youth work (Level 4) [Ref 2449]</p>	<p>All</p>	<p>All with consideration for RSLG priorities</p> <p>Canterbury, Nelson-Tasman, Tāmaki Makaurau, and Waikato</p>	<p>Increase 50 enrolments to 385 total enrolments (+15%)</p>	<p>In the absence of complete workforce data our advice is based on:</p> <ol style="list-style-type: none"> 1. Feedback from the Youth Work review consultations indicate a workforce need to increase the minimum competency to a Level 4 for becoming a Youth Worker. (Being a Youth Worker is different to having a role working with role) Ref: Appendix 3 Consultation notes of Youth Work review 2. Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing (Manatū Hauora 2021) “Prioritise the growth and development of Māori, Pacific, youth and cultural workforces and create new roles in primary and community settings” (pg. 40) – new roles 3. 	<p>Recorded feedback from industry (including peak bodies and employers) during the review for Youth Work in 2023 show that the skills in the qualification meet the need of the youth work sector. Ref: Appendix 3 Consultation notes of Youth Work review and letters of endorsement</p> <p>Feedback indicates that Level 4 should be the minimum requirement for becoming a qualified Youth Worker and endorses the qualification as appropriate to upskill the workforce. Ref: Appendix 3 Consultation notes of Youth Work review</p>

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p>4. Increasing demand and access to Mental Health and Addiction services for young people over the last 10 years Insights Reporting Series - Young people 16–24 years old (MSD, March 2023) “In the March 2010 quarter, 5.2 percent of young people had accessed mental health and addiction services, and this more than doubled to 13.3 percent by the June 2019 quarter” (pg.4) - <i>This means that youth access to mental health support increased by 155% over 9 years – the workforce needs to increase to support consumer need.</i></p> <p><i>“Some young people may be experiencing more complex challenges. longer term trends also suggest that young people may continue to need more support with their mental health. Both the wider youth population, and young people receiving benefits, are also estimated to spend longer, on average, receiving a main benefit than they were two years ago, partially reflecting a decline in exit rates from 2018 to 2022 – This means that increasing numbers of young people have complex needs that include longer periods of unemployment – the workforce needs to increase to support consumer need</i></p> <p>5. The increases in both workplace and enrolments for the Level 4 are indicative of the demand to support industries. (16% in one year - 2022 from 2021 & 148% over two years from 2020). <i>Ref: Appendix 2</i></p> <p>6. RSLG Workforce Plans from Canterbury, Nelson Tasman, Tāmaki Makaurau, and Waikato identify workforce priority for Youth Work. <i>Ref: Appendix 1</i></p>	<p>Ara Taiohi the peak body for youth development promote the NZ Certificates in Youth Leadership and Youth Work⁴</p> <p>We have commissioned AUT to conduct research into outcomes for graduates of our qualifications, which include further education and training, employment and wellbeing outcomes. The research will also consider the outcomes for learners who do NOT complete qualifications.</p> <p>Until the research is complete we have opted to recommend an increase in line with indicative support from the sector and will refine this advice in future rounds as qualification relevance becomes clearer</p>
NZ Certificate in Youth Work (Level 5) [Ref 4795]	All	All with considerati	Increase by 80 enrolments	In the absence of complete workforce data our advice is based on:	Recorded feedback from industry (including peak bodies and employers) during the review for Youth Work in 2023 including endorsement from employers

⁴ <https://arataiohi.org.nz/career/qualifications/>

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
		on for RSLG priorities	New qual coming from a zero base in 2022 - Difficult to predict 2023/24 enrolments will allow more accurate provision when available	<ol style="list-style-type: none"> 1. This Certificate is new and developed in response to industry need identified in the review for Youth Work in 2023. <i>Ref: Appendix 3 Consultation notes of Youth Work review</i> 2. Conservative initial estimates of enrolments based on the lowest annual enrolment for any youth qualification over the last 5 years. We will update TEC as the 2024 enrolments are confirmed. 3. RSLG Workforce Plans from Canterbury, Nelson Tasman, Tāmaki Makaurau, and Waikato identify workforce priority for Youth Work. <i>Ref: Appendix 1</i> 	<p>show that the skills in the qualification meet the need of the youth work sector. <i>Ref: Appendix 3 Consultation notes of Youth Work review and letters of endorsement.</i></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Te Ora Hou letter of support.pdf </div> <div style="text-align: center;">  Laidlaw letter of support Level 5 Youth </div> </div> <div style="text-align: center; margin-top: 20px;">  Letter of support 24-7 Youth Work .pdf </div>
Health and Wellbeing – Kaiāwhina and Kaimanaaki					
New Zealand Certificate in Health and Wellbeing (Level 2) [Ref 2469]	Workplace	All	<p>Increase by at least 400 STMs to 17,050 enrolments (+2.5%).</p> <p>Provision requested to align with workforce growth (5%) but in recognition of increasing qualification saturation of at least 50%.</p>	<p>In the absence of complete workforce data our advice is based on:</p> <ol style="list-style-type: none"> 1. Kaiāwhina Workforce Growth forecasted through modelling at 5% from 2022 to 2025. <i>Ref: Appendix 4</i> 2. The Industry Profile 2021-22 for the aged residential care ARC sector (NZACA & BERL 2022) <ul style="list-style-type: none"> › Demand for aged residential care is forecast to increase by an estimated 15,000 beds (36%) by 2030⁵. (pg.56,57) – <i>This means aged care will require a larger workforce to meet demand.</i> › Caregivers accounted for the largest proportion of the care workforce in 2021 at 68.9% percent (pg.35) –... activities coordinators (diversional therapists) at 	<p>Currently linked to pay equity payments which require these qualification(s).</p> <p>The Ngā Paerewa⁷ Health and Disability Services Standard defines the quality and safety requirements for the provision of services in New Zealand including competencies for workforce. Many of these competencies are addressed by the completion of the health and wellbeing qualifications ensuring that these qualifications can meet the (audited) workforce needs of the sector.</p>

⁵ <https://berl.co.nz/our-mahi/aged-residential-care-industry-profile-2021-22> (press release)



⁷ On 28 February 2022 the updated Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 came into effect, for use under the Health and Disability Services (Safety) Act 2001. This applies to providers of fertility services, primary maternity centres, hospices, overnight hospital inpatient services (public and private), age-related residential care, residential addiction, mental health, and disability services home and community support services and abortion service providers. Ngā Paerewa defines the quality and safety requirements for the provision of included services in New Zealand.

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
New Zealand Certificate in Health and Wellbeing (Level 3) with strands in Healthcare Assistance; Integrated Practice (Family and Whanau Harm); Newborn Hearing Screening; Orderly Services; Support Work; Vision Hearing Screening; and Whanau, Kin and Foster Care [Ref 2470]	Work-based learning	All	Increase by at least 400 STMs to 8650 enrolments (+5%) Based on workforce growth.	<p>5.7%. - This means that ¾ of the increasing workforce will be kaiāwhina roles</p> <ul style="list-style-type: none"> > Turnover rates are increasing [Turnover for full time caregivers is 22 percent, part time workforce turnover is 29 percent.] (pg.35) – This means that increased numbers be recruited and trained to fill shortages in aged care workforce > Around one third of the (kaiāwhina) caregiver - nearly four thousand (kaiāwhina) caregivers and diversional therapist/activities coordinators were on visas in December 2021. (pg. 41). This means expiring work visas will create high levels of vacancies needing to be filled – possibly by new visa holders requiring training. <p>3. Disability support workforce community engagement report</p>	<p>Qualification review scheduled for 2024 will ensure qualifications continue to meet workforce need.</p> <p>We have commissioned AUT to conduct research into outcomes for graduates of our qualifications, which include further education and training, employment and wellbeing outcomes. The research will also consider the outcomes for learners who do NOT complete qualifications.</p> <p>Until a full qualification review and the research is complete we have opted to recommend an increase in line with workforce growth projections across all relevant quals, and will refine this advice in future rounds as qualification relevance becomes clearer</p>
New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) with strands in community health work, disability support, diversional therapy, mental health and addiction support and whānau community and social services [Ref 2992]	Work-based learning All modes for strands in disability and mental health and addiction.	All with consideration for RSLG priorities in mental health and addiction strand - Canterbury, Te Tai Tokerau, Tāmaki Makaurau, and Waikato.	Increase by at least 275 enrolments to 5730 enrolments (+5%) Difficult to predict the demand based on current evidence, numbers of roles and complexity of subsectors. <i>Ref Appendix 10 - Roles & subsectors relevant to the NZ Certificate in Health and Wellbeing (Social & Community Services) (L4)</i>	<ul style="list-style-type: none"> > “29% of the disability support workforce is unqualified” (pg.18) – This means that increased provision to bring the disability workforce through training. > “The underlying issue of under-recruitment into the workforce has been a long-term persistent problem. There is an over reliance on immigration to bolster the workforce without significant enough investment in domestic recruitment and training programmes.” (pg. 11) This means that increased provision is required to bring the disability support workforce through training. <p>4. Voices from the Community</p> <ul style="list-style-type: none"> > “It is increasingly tough for employers to recruit support workers, there are serious staff shortages, and with the increasing expectations and support that is now required some older staff are leaving the industry” (pg. 50) This means increased numbers are required to be recruited and trained to fill shortages in disability support workforce 	<p>Any relevant findings will be shared with TEC in out of cycle advice.</p> <p>Regional priorities for the NZ certificate in Health and Wellbeing (Primary Care Practice) L4 will be advised in out of cycle advice as discussions with other PHOs and providers confirming the timeline for The Think Hauora initiative to extend to other regions by 2025</p> <p>Examples from sector supporting that these qualifications will meet workforce needs include:</p> <ul style="list-style-type: none"> > Engagement notes with Te Tai Tokerau RSLG supports their Regional Plan

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
<p>New Zealand Certificate in Health and Wellbeing (Advanced Care & Support) L4 [Ref 4108]</p> <p>This qualification has replaced the New Zealand Certificate in Health and Wellbeing (Advanced Support) L4 [Ref 2779] expiring December 2023.</p>	Work-based learning	All	An increase of 220 STMs to 4630 total enrolments (+5%)	<p>5. The Health workforce plan 2023/24 July 2023 states:</p> <ul style="list-style-type: none"> > “Looking service-by-service, we know that there are acute pressures across workforces in certain settings, including mental health & addictions settings (both community and acute services) rural primary, community and hospital settings”. (pg. 16) – <i>This means will require a larger trained workforce to service to relieve pressure points</i> > “It will require a bigger primary and community workforce who work together across disciplinary lines.” (pg.18) <i>This means a larger workforce is needed</i> > “The Government committed \$200m per year to lift pay for nurses and healthcare assistants working in the primary sector. This was implemented from April 2023.” (pg.22) – <i>This means there more people will be attracted into kaiāwhina roles in primary care - increasing the need for training</i> > “Primary and Community Providers: We need to support the system to recruit workforces in primary and community settings including Māori and Pacific workforces in areas of high need and requiring cultural expertise.” (pg.41) – <i>This means that there will be increased numbers through active recruitment requiring training.</i> > We will maintain our drive to expand primary and community care, particularly preventative and public health interventions – which will drive growth of our workforce in the community.” (pg. 42) – <i>This means that expanding services will require more staff and</i> 	<p>priority stating the Mental Health strand of New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) – is “vital”</p> <ul style="list-style-type: none"> > The AOD Provider Collaborative⁸ promotes the NZ Certificate Health and Wellbeing Level 4 in Peer Support as the preferred qualification, for being a Peer Support worker. > Te Pou⁹, national workforce development centre for mental health, addiction and disability states “If you’d like to become a support worker, the preferred qualification is a NZ Certificate in Health and Wellbeing (Social and Community Services, NZQA Level 4) with the Mental Health and Addiction Support strand. Often, you can work towards this qualification while working, unless you already have one”.
<p>New Zealand Diploma in Health and Wellbeing (practice/applied practice) (L5) [Ref 3244]</p>	<p>Work-based learning</p> <p>200 hours of applied practice</p>	All	An increase of 40 STMs to 725 total enrolments (+5%)	<ul style="list-style-type: none"> > “Primary and Community Providers: We need to support the system to recruit workforces in primary and community settings including Māori and Pacific workforces in areas of high need and requiring cultural expertise.” (pg.41) – <i>This means that there will be increased numbers through active recruitment requiring training.</i> > We will maintain our drive to expand primary and community care, particularly preventative and public health interventions – which will drive growth of our workforce in the community.” (pg. 42) – <i>This means that expanding services will require more staff and</i> 	<ul style="list-style-type: none"> > Te Whatu Ora have identified these Health and Wellbeing qualifications as being appropriate upskill the MH&A workforce <ul style="list-style-type: none"> – New Zealand Certificate in Health and Wellbeing (Level 3) – New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) – New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4)
<p>New Zealand Certificate in Public Health and Health Promotion (Level 5) [Ref 1865]</p>	Provider based	All	An increase of 10 EFTs to 205 total enrolments (+5%)	<ul style="list-style-type: none"> > We will maintain our drive to expand primary and community care, particularly preventative and public health interventions – which will drive growth of our workforce in the community.” (pg. 42) – <i>This means that expanding services will require more staff and</i> 	<ul style="list-style-type: none"> > Te Whatu Ora have identified these Health and Wellbeing qualifications as being appropriate upskill the MH&A workforce <ul style="list-style-type: none"> – New Zealand Certificate in Health and Wellbeing (Level 3) – New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) – New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4)
<p>New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) [Ref 2989]</p>	All	All	Increase by at least 15 enrolments to 300 enrolments (+5%)	<ul style="list-style-type: none"> > We will maintain our drive to expand primary and community care, particularly preventative and public health interventions – which will drive growth of our workforce in the community.” (pg. 42) – <i>This means that expanding services will require more staff and</i> 	<ul style="list-style-type: none"> > Te Whatu Ora have identified these Health and Wellbeing qualifications as being appropriate upskill the MH&A workforce <ul style="list-style-type: none"> – New Zealand Certificate in Health and Wellbeing (Level 3) – New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) – New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4)

⁸ The Counties Manukau AOD Provider Collaborative brings together 16 organisations delivering alcohol and drug treatment or related services within the region.

⁹ Te Pou is a national workforce development centre for mental health, addiction and disability.

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
			<p>Based on workforce growth</p> <p>Note that government & workforce centre messaging – Manatū Hauora¹⁷, Te Hiringa Mahara¹⁹ and Te Pou²⁰ supported by a surge in enrolments could result in an increase need beyond the average growth forecast across the wider sector.</p> <p><i>See also Section E1 - Recognition of lived experience</i></p> <p>We would recommend assurance of good outcomes for provision over this increase.</p>	<p>more training including in public health and health promotion</p> <p>› “Shift primary and community models of care to redistribute demand to other workforces.” (pg. 49) - <i>This means that more training, retraining and upskilling will be required as skills and roles move across workforces</i></p> <p>› “Our greatest opportunity with our kaiāwhina workforce is to not just grow a community-based workforce close to whānau, but to offer opportunities to grow skills, qualifications and scope over the course of a career in health”. (pg. 58) “This will require: Approaches that are inclusive of primary and community providers, including Māori and Pacific where kaiāwhina first grow and thrive in their initial steps into health careers” (pg. 59) - <i>This means that the Te Whatu Ora focus on qualification pathways will require increased provision at all levels including Level 2 and Level 3 in order to build the pipeline for recruitment at higher levels of training including degree level roles</i></p> <p>› “Delivering in 2025: Undertake a design process with tertiary providers, primary and community providers and rural communities to develop a national rural training system.” (pg.69) – <i>This means that provision should be increased in areas supporting rural communities</i></p>	<p>– New Zealand Certificate in Health and Wellbeing (Advanced Care and Support) (Level 4)</p> <p> FW Data and information re TEC in</p> <p>› Te Whatu Ora are ready to publish their Allied Health, Scientific and Technical Professions Careers Information. This resource maps professions to qualifications. In particular allied health support workers such as pharmacy assistants, allied health assistants, mental health support workers as well as new born hearing screeners are mapped directly to Health and Wellbeing qualifications at Levels 3 and 4</p> <p> TWO Careers Info Bklt Allied Health, Scie</p> <p>› Te Whatu Ora cadetships¹⁰, jointly run with MSD in Te Matau a Māui Hawke’s Bay complete the NZ Certificate in Health and Wellbeing (Level 2) during a paid 8 -week, 30-hour-per-week</p>

¹⁷ [Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing](#) (pg. 40)

¹⁸ [New Zealand Health Strategy 2023](#) (pg. 74)

¹⁹ [Peer support workforce paper 2023](#) (pg. 14)

²⁰ [Workforce stocktake Final report to the Government Inquiry into Mental Health & Addiction, June 2018](#) (pg 32)

¹⁰ [Health cadets are HB success - BayBuzz](#)

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
New Zealand Certificate in Health and Wellbeing (Primary Care Practice) (Level 4) [Ref 2990]	Work-based learning	All	Increase by at least 100 STMs to a minimum total of 130 enrolments. Based on	<p>6. NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services report</p> <p>› “Growth in vacancy rate to 11% - The estimated number of FTE positions vacant in 2022 total 560, giving an estimated workforce vacancy rate of 11 percent” (pg. 28). The report concludes that “workforce development is needed to return vacancy rates to previous norms, sustain high recruitment rates, and address retention challenges”. (pg.34) - <i>This means that the numbers of trained people in the mental health and addiction workforce need to be increased to fill the existing shortages.</i></p> <p>7. Anecdotally, engagement with Aged Care and Home and Community sectors report workforce is nearing qualification saturation for the Level 2 qualification. <i>This means that kaiāwhina in entry level roles are increasingly likely to hold the Level 2 qualification - therefore provision will be less than forecasted growth</i></p> <p>8. Generic supporting evidence of workforce need includes:</p> <p>› Demographic Drivers - more older people, living longer driving greater need for a larger supporting more people with more complex health and wellbeing needs. <i>Ref: Appendix 11</i></p> <p>› Media communications profile workforce shortages and the impacts on consumers. <i>Ref: Appendix 9</i></p> <p>› Other Plans and reports alongside those referenced above</p> <p>› Twelve leading primary care organisations say they're at risk of collapse due to staff shortages and a lack of funding and came together in September 2023 to demand change.⁶</p>	<p>programme. The 75% success rate to becoming permanently employed with Te Whatu Ora is behind a proposed national rollout</p> <p>› In a similar collaboration to address workforce shortages, NZ Health Group are working in partnership with MSD, having successfully trained and employed more than 1000 new support workers, starting with the qualifications in Health and Wellbeing level 2 and 3, including some who may not have considered the home and community sector a viable employment option previously¹¹.</p> <p>› Te Hiringa Mahara – Mental Health and Wellbeing Commission says that “Employers often look for Level 4 qualifications related to health and wellbeing such as the Certificate in health and Wellbeing (Peer Support), when recruiting in peer support roles¹²” (pg.13) and “New contracts to embed peer support workers within multidisciplinary teams in specialist mental health services are in the process of being developed by Te Whatu Ora. This is supported by training for the peer workers and the wider teams that they join. (pg. 19)</p>

⁶ [Primary care practices warn of collapse due to staff shortages, funding shortfalls | Newshub](#)

¹¹ [A healthier Aotearoa depends on treating our health system as a whole, not parts | The Post](#)

¹² [Peer support workforce paper 2023](#)



Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p>9. All 15 RSLG Workforce Plans reference the shortages and projected growth of the health and wellbeing workforces in their region. Thirteen identify it as a workforce need, action or priority. <i>Ref: Appendix 1</i></p> <ul style="list-style-type: none"> › Eight RSLG Workforce Plans from Hawkes Bay, Manawatū- Whanganui, Southland, Taitokerau, Te Tai Poutini, Waikato and Wellington identify a regional workforce priority for kaiāwhina workforces › Four RSLG Workforce Plans from Canterbury, Te Tai Tokerau, Tāmaki Makaurau, and Waikato identify a regional workforce priority for the Mental Health and a further 7 reference it. › Hawkes Bay and Tairāwhiti RSLG identify allied health roles as a workforce priority › Te Mahau have identified need for Mental Health workforce to provide service to schools in Te Tai Tokerau. <p>10. NZ Certificate in Health and Wellbeing (Primary Care Practice) (Level 4) [Ref 2990] only</p> <ul style="list-style-type: none"> › Consistent but small enrolment numbers suggests maintaining provision at 30 enrolments. However one of 30 Public Health Organisations (PHOs) who collectively are the largest employers of primary care practice assistants, have identified a workforce to upskill and qualify the primary care kaiāwhina workforce. › Manawatū region PHO, THINK Hauora are driving an initiative in the Manawatū region to upskill their kaiāwhina and to gain this qualification through an apprenticeship programme. Discussions with other 	<ul style="list-style-type: none"> › The service delivery manager of Kauri Health a 100 staff, 2000 patient clinic employing 6 primary care assistants participating in the Think Hauora apprenticeship delivery, says [the programme supporting the NZ Certificate in H&W -Primary Care Practice “would provide health care assistants with consistent training to be able to carry out more tasks to support the team of doctors and nurses”¹³ › Pinnacle Health the PHO for the Midlands region has nearly half a million people enrolled with 85+ practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato has begun to promote¹⁴ the Level 4 Primary Care Practice qualification to its network “ › THINK Hauora Learning and Development manager says “The mahi that Primary Care Practice Assistants do enables nurses and doctors to work more often at the top of their scope”,¹⁵ and that they have driven the initiative with a view to standardised training¹⁶.

¹³ [Health care assistants' skills count towards a new qualification | Stuff.co.nz](https://www.stuff.co.nz/health/primary-care/127111111/health-care-assistants-skills-count-towards-a-new-qualification)

¹⁴ Including a primary care/medical centre assistant in your practice team – [Pinnacle Health](#) - *The valued role provides administrative and clinical support to the general practice team, freeing up clinician time to allow more quality time to interact with patients”.*

¹⁵ [Health care assistants' skills count towards a new qualification | Stuff.co.nz](https://www.stuff.co.nz/health/primary-care/127111111/health-care-assistants-skills-count-towards-a-new-qualification)

¹⁶ Te Pūkenga and [THINK Hauora](#) collaborate in effort to increase skilled healthcare support workforce -.

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p>PHOs and providers indicate this initiative will extend to other regions by 2025.</p>  <p>Msg Te Mahau MH&W Te Tai Tauker:</p> <p>› We have estimated the increase in provision based on a third of Public Health Organisation (PHO) enrolments enrolling at least 10 Primary Care Assistant apprentices.</p>	
New Zealand Diploma in Holistic Nutrition [Ref 3511] (Level 6)	Provider Based	All	<p>Increase of 40 EFTs</p> <p>Qualification has never been delivered – new provider in place.</p> <p>Difficult to predict.</p>	<p>In the absence of complete workforce data our advice is based on:</p> <ol style="list-style-type: none"> 1. Kaiāwhina Workforce Growth forecasted through modelling at 5% from 2022 to 2025 <i>Ref: Appendix 4</i> 2. Cross sector public and industry consultation identified a workforce need for greater competency in roles providing nutrition advice. The same feedback indicates that these roles are spread across a broad wellbeing spectrum including nutritionists but also lifestyle coaches, wellness advisors, green prescription advisors. <p>Background to request:</p> <p>› Supporting the regulated dietician workforce, nutritional advisors support the health sector by designing and delivering holistic nutrition health care programmes addressing nutritional and lifestyle health.</p> <p>› Toitū te Waiora completed a public sector wide consultation for the review of this qualification in June 2023²¹ and subsequently proposed changes to the qualification.</p> <p>› This qualification has seen no usage since it was listed in 2016. One TEO has responded to the industry need revealed in the consultation by developing and delivering a programme leading to this qualification. A</p>	<p>Recorded feedback from stakeholders during consultation, show that the skills in the qualification meet need of sector</p>  <p>Stakeholder consultation.docx</p> <p><i>Ref: Stakeholder consultation</i></p> <p>This qualification will be reviewed in 2028 to ensure that the qualification is meeting industry needs.</p> <p>Until a full qualification review and the research regarding training and employment outcomes is complete, we have opted to recommend an increase in line with workforce growth projections and anticipated enrolments for 2024. This advice will be refined in future rounds as qualification relevance becomes clearer.</p>



²¹ [Qualifications review update: New Zealand Diploma in Health Science \(Level 5\) \[Ref:3510\] and 3511 New Zealand Diploma in Holistic Nutrition \(Level 6\) \[Ref 3511\]. - Toitū te Waiora \(toitutewaiora.nz\)](#)

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				second provider is considering delivery of this qualification.	
New Zealand Certificate in Pharmacy (Pharmacy Technician - Core) (Level 4) [Ref 1889]	All	All	Increase by at least 40 enrolments to 860 enrolments (+5%) Based on workforce growth	In the absence of complete workforce data our advice is based on: 1. Kaiāwhina Workforce Growth estimated at 5% from 2022 to 2025 <i>Ref: Appendix 4.</i> [Pharmacy assistants and technicians are part of the kaiāwhina “unregulated” health and disability workforce.] Until a full qualification review is complete, we have opted to recommend an increase in line with workforce growth projections across all relevant quals, and will refine this advice in future rounds as qualification relevance becomes clearer	By law only pharmacists and qualified pharmacy technicians can dispense prescription medicines in a pharmacy. These are the preferred and relevant qualifications as endorsed and promoted by the Pharmaceutical Society of New Zealand (PSNZ) promotes the qualification framework ²⁵ The <i>Pharmacy</i> qualifications are due for review in 2025, at which time we will be working closely with industry and in consultation with Te Whatu Ora to ensure workforce need is met.
New Zealand Certificate in Pharmacy (Pharmacy Technician - Advanced) (Level 5) [Ref 1889]	All	All	Increase by at least 20 enrolments to 370 enrolments (+5%) Based on workforce growth Irregular enrolment data makes this difficult to assess	2. Supports the Minor Ailments Scheme (MAS) and aligns with Te Whatu Ora priorities ²² “PSNZ has written to Te Whatu Ora asking for a continuation of the scheme while the 2023 evaluation is undertaken ²³ . 3. PSNZ announced in Oct 2023 that they will be providing up to 205 funded Pharmacy Accuracy Checking Technician (PACT) training placements over the next 2.5 years. Prospective trainees must have a recognised NZ Level 5 Pharmacy Technician qualification. –This means there may be increased demand for the Level 5 technician qualification as you have to hold the Level 5 qualification as a minimum to be eligible for the PACT training providing an career incentive to complete Level 5.	Pharmacy Accuracy Checking Technician (PACT) training placements will only be given to those holding the recognised NZ Level 5 Pharmacy Technician qualification. Until a full qualification review and the research regarding training and employment outcomes is complete, we have opted to recommend an increase in line with workforce growth projections and anticipated enrolments for 2024. This advice will be refined in future rounds as qualification relevance becomes clearer.

²² Minor Ailment Service (MAS)

²³ [NZ Communities Need Minor Ailments Scheme \(MAS\) to Relieve System Pressure: Pharmaceutical Society of NZ \(psnz.org.nz\)](https://www.psnz.org.nz/nz-communities-need-minor-ailments-scheme-mas-to-relieve-system-pressure)

²⁵ [Qualifications: Pharmaceutical Society of NZ \(psnz.org.nz\)](https://www.psnz.org.nz/qualifications)

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p>4. The <i>Health Workforce Plan 2023/24</i> specifically identifies pharmacy technicians as an example of <i>Shifting Models of Care</i> “making better use of supporting and enabling workforces to do parts of jobs that are relatively procedural (but still important) – like pharmacy technicians helping pharmacists with dispensing – to free our workforce up to add value in other areas” (pg. 21)</p> <p>5. Results from the Prescription Access Initiative survey (Nov 2023) indicate that the fees-free prescriptions has removed the financial barrier to vital medicines and pharmacies have contributed to better preventative care and early interventions. The survey found two-thirds of community pharmacies had expanded their healthcare services to increased numbers of people.²⁴ <i>This may mean that more qualified pharmacy assistants and technicians will be required to support pharmacists in those expanded services</i></p>	
Funeral and Embalming Services					
New Zealand Diploma in Embalming (Level 5) [Ref 1943]	Provider Based	All	<p>Increase of 20 Efts</p> <p>Based on workforce growth (10% over 5 years of no training) g and consideration of stalled training pipeline.</p> <p>Hasn't been delivered for some years – new</p>	<p>In the absence of complete workforce data our advice is based on:</p> <p>1. The 2023 NZ Funeral Industry Trends Report; ²⁶ identifies <i>Future Trends</i> impacting funeral services including that “the number of deaths is increasing. - Our population is continuing to grow and age. In 2042, the projected death volume in New Zealand is 52,700, up from just under 39,000 in 2022” (pg.25)</p> <p>Of the 250 funeral homes in the FDANZ membership, representing an estimated 76% of all funeral homes, there are 136 qualified embalmers. (pg. 10) Using this</p>	<p><i>Ref Letters of endorsement from New Zealand Embalmers Association [NZEA] and employers</i></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  industry support letters.docx </div> <div style="text-align: center;">  NZEA letter of support.pdf </div> </div> <p>Toitū te Waiora recently became the standard setting body for this qualification at the request of the previous developer Funeral Services Training Trust of New</p>

²⁴ [Better health services and access due to free prescriptions - survey | New Zealand Doctor \(nzdoctor.co.nz\)](#)

²⁶ The [2023 NZ Funeral Industry Trends Report](#); Funeral Directors Association of NZ (FDANZ); Sep 2023

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
			provider now in place	<p>ratio, there are approximately 180 qualified embalmers across the country.</p> <ol style="list-style-type: none"> Demographic drivers - an increase in demand for funeral and embalming services will be driven by an increase in the number of deaths by at least 10% over the next five years) – StatsNZ <i>Ref Appendix 12 – Demographic drivers – more deaths</i> Anticipated enrolments for 2024 Support from stakeholder consultation to seek provision for this qualification 	<p>Zealand (FSTT). This is the only and relevant qualification for this workforce</p> <p>This qualification will be reviewed in 2024 in tandem with the New Zealand Diploma in Funeral Directing (Level 5) [Ref 1942] and in collaboration with an advisory board from FSST to ensure qualification meets industry need.</p>
New Zealand Diploma in Funeral Directing (Level 5) [Ref 1942]	Provider based	All	<p>An increase of 20 EFTs to 90 total enrolments (+30%)</p> <p>Based on workforce growth</p>	<p>In the absence of complete workforce data our advice is based on:</p> <ol style="list-style-type: none"> The 2023 NZ Funeral Industry Trends Report; ²⁷ identifies <i>Future Trends</i> impacting funeral services including that “the number of deaths is increasing. - Our population is continuing to grow and age. In 2042, the projected death volume in New Zealand is 52,700, up from just under 39,000 in 2022” (pg.25) <p>“Increased workforce On these numbers, the total number of required funeral directors would rise to around 830 by 2043”. (up from 600-630) (pg. 26) This is at least 10 new funeral directors every year – increase provision by 10 EFTs for each year” <i>Ref: Appendix 12 – Demographic drivers – more deaths</i></p> <ol style="list-style-type: none"> Increasing enrolments (from 40 in 2021 to 70 (75%) in 2022) indicate demand from industry. <i>Ref: Appendix 2</i> 	<p>This is the relevant and only qualification for this workforce</p> <p>Toitū te Waiora recently became the standard setting body for this qualification at the request of the previous developer Funeral Services Training Trust of New Zealand (FSTT).</p> <p>This qualification will be reviewed in 2024 in tandem with the New Zealand Diploma in Embalming (Level 5) [Ref 1943] and in collaboration with an advisory board from FSST to ensure qualification meets industry needs beyond 2025.</p>
Health and Safety					

²⁷ The [2023 NZ Funeral Industry Trends Report](#); Funeral Directors Association of NZ (FDANZ); Sep 2023

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
New Zealand Certificate in Workplace Health and Safety Practice Level 3 [Ref 3533]	All	All	Increase of 60 enrolments to 810 total (+10%)	In the absence of complete workforce data our advice is based on: 1. The 2019 <i>HASANZ Health and Safety Workforce Pipeline Report</i> forecasts an overall workforce growth of 3.8% per annum amounts to 45% over 10 years. Increase 4,500 to 6,600 health and safety professionals between 2019 and 2029 ²⁸ . (pg. 30) <i>“At least another 2,100 health and safety professionals will be required over the next 10 years. This number is likely to be higher given latent demand for advice and services (pg. 2) To estimate the required workforce growth needed over the next decade, Martin Jenkins combined the projected employment growth of 1.5% per annum in sectors with higher health and safety risks, with an additional 2.3% per annum growth to account for the desired increase in the ratio of health and safety professionals to workers.” Ref: Appendix 7</i>	Skills standards are being developed in consultation with industry and providers to ensure that quals are relevant and supported. Current unit standards will be replaced, and new skill standards aligned with the INSHPO ²⁹ framework. This may allow us to provide mapping of roles to qualifications Until the skills standards are developed, we have opted to recommend an increase across all the relevant quals in line with a projected workforce increase of 10% across 2-3 years. (3.8% per annum) Aligns with <i>The Health and Safety Generalist Career Pathway</i> , set up by the Health and Safety Association of New Zealand (HASANZ) in partnership with the Government Health and Safety Lead (GHSL), the New Zealand Institute of Safety Management (NZISM), the New Zealand Safety Council (NZSC), WorkSafe New Zealand and representatives from both public and private sectors ³⁰ . The NZ Institute of Safety Management (NZISM) provides a list of health and safety professional roles as: <ul style="list-style-type: none">• Senior Health and Safety Managers• Health and Safety Managers• Health and Safety Consultants• Senior Health and Safety Advisors
New Zealand Certificate in Workplace Health and Safety Practice Level 4 [Ref 3534]	All	All	Increase of 25 enrolments to 285 total (+10%)		
New Zealand Certificate in Workplace Health and Safety Practice Level 6 [Ref 3645]	All	All	Increase of 50 enrolments to 550 total (+10%)	2. Increasing enrolments (Level 3 by 5% over one year and 27% over two years) support demand driven by the amendments to the Health and Safety at Work Act 2015 which. <i>Ref: Appendix 2</i> The biggest change with the implementation of the Health and Safety at Work Act 2015 has been the introduction of the concept of a person conducting a business or undertaking (PCBU). The concept of a PCBU is a way of placing the management of safety concerns on more people in the workplace. The primary duty of care makes it a requirement for employers to ensure, the health and safety of their employees, customers, visitors, or the general public. <i>This means that there is demand for health and safety capability to help mitigate risk.</i>	

²⁸ [Building the Professions: HASANZ Health and Safety Workforce Pipeline Report](#)

²⁹ INSHPO (International Network of Safety & Health Professional Organisations) is the global voice for the occupational safety and health profession and acts as a forum for international collaboration among professional organisations to improve safety and health at work.


³⁰ <https://www.healthandsafety.govt.nz/careers-and-development/career-pathways/>

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
					<ul style="list-style-type: none"> • Health and Safety Advisors • Health and Safety Coordinators • Health and Safety Officers • Health and Safety Administrators • Health and Safety Inspectors <p>This means that these qualifications will align largely with the generalist roles across the generalist career pathway at all levels (possible exception around handling hazardous substances).</p> <p>Specialists includes such roles as Safety Engineers, Occupational Hygienists, Ergonomists, and Occupational Health professional which are out of our scope.</p> <p>Aligns with directions from HASNZ, The Government Health and Safety Lead and MBIE</p>
<p><i>Toitū te Waiora would support increases in provision for the following qualifications in our sector coverage but that are out of Toitū Te Waiora scope. Consequently we have limited knowledge and influence. – These qualifications belong to other developers who will have more granular information regarding scale and regional priority from engagement and data sources.</i></p>					
<p><i>Nursing</i> - New Zealand Diploma in Enrolled Nursing (Level 5) [Ref 2889]</p>	<p>A regulated workforce under legislated standards, this qualification is developed by Te Pūkenga and meets the Nursing Council of New Zealand requirements for application for registration in the enrolled nurse scope of practice. Although we are unable to provide any granular estimates Te Whatu Ora</p> <p>This is also reflected in the RSLG workforce plans. <i>Ref: Appendix 1</i></p> <p>This qualification is an increasingly important part of a career pathway and staircasing in the health sector and builds on the New Zealand Certificate in Health and Wellbeing (Level 3) and the New Zealand Certificate(s) in Health and Wellbeing (Level 4) qualifications.</p> <p>OIA responses on numbers of students and EFTs in enrolled nursing (Level 5) 2020-2025³¹ and nursing and midwifery statistics³² in line with data from the Nursing Council of New Zealand and the Health workforce plan 2023/24 (Te Whatu Ora - July 2023)³³ estimates the gap as follows.</p>				


³¹ [1318211-Response-Letter.pdf \(education.govt.nz\)](#) Students and EFTs in enrolled nursing (Level 5) 2020-2025 – Oct 2023

³² [1318726-Response-Letter.pdf \(education.govt.nz\)](#) Nursing and

³³ https://www.tewhatauora.govt.nz/assets/Publications/Health-Workforce-Plan/FINAL-HEALTH-WORKFORCE-PLAN_3-July-2023.pdf

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
				<p>What is the gap: (pg.14)</p> <ul style="list-style-type: none"> › We estimate that across Aotearoa the system is currently short, in FTEs around 4,800 nurses -7% of the workforce › In order to maintain current rates of staffing with expected population growth, we would need to increase anticipated training and recruitment pipelines in FTEs by 8,000 -18% on top of current pipeline <p>Based on this data</p> <ul style="list-style-type: none"> › That’s a projected total nursing workforce increase over 10 years of 13,000 nurses³⁴ or a 33% growth › Based on the same growth we would expect to see the numbers of need another 560 over enrolled nurses over 10 years to support the need beyond what is expected. › This means heading to 2,280 enrolled nurses in 232 from a current estimate of 1,720 › At average 70% completion rate we will need to have an average provision of at least 80 EFTs per annum for each year of 10 years. <p><i>Ref: Appendix 13 Nursing statistics</i></p> <p>From the enrolment and EFT data provided in two responses to Official Information Act Requests we can conclude that:</p> <ul style="list-style-type: none"> › Numbers of Enrolled nurses enrolled in training are increasing, but only by a little. › Enrolled nurses in training are increasing faster than registered nurses in degree based training albeit still at enrolled compared to registered nursing in the last 2-3 years. › This may indicate that enrolled nurses may need a greater provision than the current proportions of nursing workforce would indicate <p><i>Ref: Appendix 14 Enrolled Nursing enrolment data</i></p> <ul style="list-style-type: none"> › Te Whatu Ora have identified The Diploma in Enrolled Nursing (level 5) as being appropriate upskill the MH&A workforce <div style="text-align: center;">  <p>FW Data and information re TEC in</p> </div>	
<p>Early Childhood Education - Ngā Kōhanga Reo Te Tipuranga o Te Mōkōpuna (Kaupae 5) [Ref: 2857], Te</p>				<p>The Budget 2020 invested over \$196.2 million over 4 years into kōhanga reo, reinforcing the Government’s commitment to revitalising Te Reo Māori, the Crown’s Māori Language Strategy and Child Wellbeing Strategy</p> <p>Toitū te Waiora engagement in the sector supports the need to increase provision in these qualifications.</p> <p>The Budget 2020 invested over \$196.2 million over 4 years into kōhanga reo, reinforcing the Government’s commitment to revitalising Te Reo Māori, the Crown’s Māori Language Strategy and Child Wellbeing Strategy.</p>	

³⁴ [Government launches health workforce plan; nearly 13,000 extra nurses and over 5000 doctors needed within a decade - NZ Herald](#)

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
<p>Rangatiratanga o Te Mokopuna (Kaupae 6) [Ref: 2858]</p> <p>New Zealand Diploma in a Māori World View in Early Learning Te Puāwaitangao Te Mokopuna (Kaupae 4) [Ref: 2856]</p>				<p>The review of home-based ECE resulted in a government driven shift towards all educators holding at least a Level 4 ECE qualification, or the level 5 kōhanga reo qualification, reflected in He taonga te tamaiti – Every child a taonga: Early Learning Action Plan 2019-2029 Refer Appendix 8 Strategies and Reports Education</p> <p>After 4 years, it is difficult to assess whether these qualifications have peaked at a current workforce saturation. The Ministry of Education (MoE) does not hold the workforce data on Kōhanga Reo. <i>Te Kōhanga Reo National Trust</i> are licensed by MoE. Enrolment data may help signal whether workforce training has hit a plateau, and that provision can be maintained or decreased. As we are not the developer, we cannot access this information.</p> <p>In May this year, a new scale of pay was brought in for Kōhanga Reo to help address pay parity issues in the ECE system. Qualifications play a part in the salary for kaiako so this may make it more attractive for kaiako to complete a recognised qualification.</p>	
<p>Hauora – Whānau Ora - New Zealand Certificate in Whānau Ora, (Level 3) [Ref: 2877], (Level 4) [Ref: 2878], New Zealand Diploma in Whānau Ora, (Level 5) [Ref: 2879],</p>				<p>Budget 2023 reflected the continuing importance of Whānau Ora services, and recognised the increasing numbers using services in the wake of Cyclone devastation and increases to the cost of living.</p> <p>In the first half of this financial year, 30,000 whānau had used Whānau Ora services. The government have committed an additional \$168.1 million over four years which means that funding has increased by 145 percent since 2017. This is likely to have a direct impact on increasing workforces</p> <p>As part of this funding, the Ngā Tini Whetū programme will be extended to support pēpi and whānau during their first 1000 days supporting injury prevention and child wellbeing alongside broader whānau aspirations.</p> <p>› Te Whatu Ora have identified New Zealand Certificate in Whānau Ora, (Level 3) and the New Zealand Diploma in Whānau Ora (Level 5) as being appropriate upskill the MH&A workforce</p> <p></p> <p>FW Data and information re TEC in</p>	

B2. Which specific qualifications and credentials do you want to see decreases in (that can be supported by TEC investment in 2025)?

Qualification or credential	Mode	Specific regions?	Scale of change you are seeking for 2025	Evidence of workforce need – include as text below the table or an attachment	Evidence that this provision will meet the workforce need
We have no evidence to support the decrease of any qualifications					

B3. Which specific qualifications and credentials do you want to see changes in?

Qualification or credential	Mode	Specific regions?	What is the change you are wanting to see?	Evidence of workforce need – include as text below the table or as an attachment
<p>We expect to see increased enrolments for Māori, Pacific, disabled people and whaikaha Māori for ALL Toitū Waiora Qualifications with particular emphasis on training in the Health and Wellbeing and Education qualifications</p> <p><i>“In particular, disabled people wished to be part of this workforce and felt their lived experience of disability should be recognised as a skill or experience equivalent to a qualification. Forty three percent (43%) of survey respondents reported that having more disabled people working visibly in the system was one of their top three priorities for the future”.</i></p> <ul style="list-style-type: none"> - Disability support workforce community engagement report (pg.16) Allen + Clarke, All is for All and Te Amokura Consultants commissioned by the Disability Directorate (Ministry of Health) March 2023 <p>We support greater youth enrolment in our Health and Wellbeing Certificates Level 2-4 in order to offset the departures due to age, particularly from the care and support workforces.</p> <p>Engagement and analysis during qualification review will support deeper examination of possible changes such as modes of delivery and prioritising diversity. Where relevant it will support out-of-cycle advice to TEC, providers and the RSLGs.</p>				

SECTION C – New providers

C1. Are there qualifications or credentials that you want TEC to consider new providers for?

Qualification	Mode	Specific regions?	Rationale for inclusion	Evidence
We are not making any specific recommendations about new providers.				

SECTION D – New qualifications and credentials

D1. Are there qualifications or credentials that you are developing or plan to develop that will be available in 2025?

Area of provision and/or qualification/ credential name (if known)	Level	Mode (if specific)	Qualification or micro-credential	Estimated date it will be available	Description of content (10–20 words)	Name of qualification or micro-credential this will replace (if relevant)
Not yet approved – (New Zealand Micro credential in Fetal Alcohol Spectrum Disorder (FASD))	4	Workplace and online = blended mode of delivery	Micro-credential	Dec 2023-Jan 2024	<p>Holders of this micro-credential can demonstrate a comprehensive understanding of FASD, including, but not limited to its causes, effects, and common challenges faced by people with FASD. Learners will also develop skills to effectively support people with FASD across the lifespan, using best-practice approaches and strategies.</p> <p>There will be 2 skill standards underpinning this:</p> <ol style="list-style-type: none"> 1. Recognise the key characteristics of Fetal Alcohol Spectrum Disorder 2. Support a person living with Fetal Alcohol Spectrum Disorder. 	N/A
Not yet approved – New Zealand Micro-credential in Attention-deficit/hyperactivity disorder	4	Workplace and blended	Micro-credential	May -Mid-year 2024	<p>Holders of this micro-credential can recognise key characteristics and effects of Attention-deficit/hyperactivity disorder, demonstrate understanding of challenges encountered by people living with Attention deficit/hyperactivity disorder and can apply approaches and strategies to effectively support a</p>	N/A

Area of provision and/or qualification/ credential name (if known)	Level	Mode (if specific)	Qualification or micro- credential	Estimated date it will be available	Description of content (10–20 words)	Name of qualification or micro-credential this will replace (if relevant)
					<p>person living with Attention-deficit/hyperactivity disorder.</p> <p>There will be 2 skill standards underpinning this:</p> <ol style="list-style-type: none"> 1. Recognise the key characteristics of Attention-deficit/hyperactivity disorder. 2. Support a person living with Attention-deficit/hyperactivity disorder. 	
Not yet approved – New Zealand Micro-credential in Dyspraxia (or Developmental Coordination Disorder)	4	Workplace and blended	Micro-credential	May-Mid-year 2024	<p>Holders of this micro-credential can recognise key characteristics and effects of Dyspraxia (or Developmental Coordination Disorder), demonstrate understanding of challenges encountered by people living with Dyspraxia (or Developmental Coordination Disorder) and can apply approaches and strategies to effectively support a person living with Dyspraxia (or Developmental Coordination Disorder).</p> <p>There will be 2 skill standards underpinning this:</p> <ol style="list-style-type: none"> 1. Recognise the key characteristics of Dyspraxia (or Developmental Coordination Disorder). 2. Recognise the key characteristics of Sensory Processing Disorder 	N/A

Area of provision and/or qualification/ credential name (if known)	Level	Mode (if specific)	Qualification or micro- credential	Estimated date it will be available	Description of content (10–20 words)	Name of qualification or micro-credential this will replace (if relevant)
Not yet approved – New Zealand Micro-credential in Sensory Processing Disorder	4	Workplace and blended	Micro-credential	May-Mid-year 2024	<p>Holders of this micro-credential can recognise key characteristics and effects of Sensory Processing Disorder, demonstrate understanding of challenges encountered by people living with Sensory Processing Disorder and can apply approaches and strategies to effectively support a person living with Sensory Processing Disorder.</p> <p>There will be 2 skill standards underpinning this:</p> <ol style="list-style-type: none"> 1. Recognise the key characteristics of Sensory Processing Disorder 2. Support a person living with Sensory Processing Disorder 	N/A
Diploma of Spa Health and Wellness	5/6	Classroom and workplace (blended mode of delivery)	Qualification	Mid-year 2025	This qualification will aim to provide the New Zealand spa and wellness industry with highly skilled professionals who can contribute to its growth and success. Holders of this qualification will have an in-depth knowledge of the spa and wellness industry including hydrotherapies, holistic therapies, and wellness programming.	The NZ certificate in Spa Therapy (Level 5) may be impacted by the development of this qualification.
Emergency Management Civil Defence [CD]	2-6	Not yet determined [likely to be blended – online, classroom]	Not yet determined	Late 2024 - Natural disasters have delayed planned commencement due to key	Covering emergency management, emergency communications, emergency response, managing provision of resources to meet CD need,	85 credits across existing Unit standards will be reviewed and conversion to Skill Standards will happen.

Area of provision and/or qualification/ credential name (if known)	Level	Mode (if specific)	Qualification or micro- credential	Estimated date it will be available	Description of content (10–20 words)	Name of qualification or micro-credential this will replace (if relevant)
		and work application]		partner NEMA ³⁵ focusing on urgent recovery priorities in 2023. This work will be picked up in the first half of 2024.	managing recovery in a CD emergency. NEMA is seeking consideration of bite sized learning (micro- credentials) to allow more of the Civil Defence volunteer workforce to invest in emergency training.	

³⁵ The National Emergency Management Agency [NEMA] The National Emergency Management Agency (NEMA) is the Government lead for emergency management. Providing for leadership in reducing risk, being ready for, responding to and recovering from emergencies.

SECTION E – Future workforce needs

E1. Can you tell us about any emerging skill needs or major projects for your sectors which you expect to impact workforce needs and tertiary education in the future?

Area of need or project	Expected occupations or skills that may be impacted	Timeframe	Who is involved (from tertiary education) e.g., WDC, providers etc
<p>Cultural Competency - Increasing population diversity is driving the need for significantly increased cultural competency and confidence in the wellbeing workforces.</p> <p><i>The Health Workforce Action Plan</i>³⁶ - Action 5.4 signals the development of a national cultural capability framework and sites cultural competency as an immediate strategic priority in eight other actions.</p> <p>The <i>Ngā Paerewa Health and disability services standard NZS 8134:2021</i>³⁷ stipulates that health care and support workers are culturally competent. It lifts the priority on cultural responsiveness and cultural safety for workforce and consumers receiving care and support in multiple sectors including aged residential care, home and community support, residential mental health and addiction, hospital inpatient, and hospice.</p> <p>The theme of the 2024 Funeral Directors Association of NZ conference³⁸ is <i>Celebrating Culture</i> and with all plenary education sessions are focussed on Cultural diversity in funerals - what, how & WHY?</p>	<p>Health, Disability, Community and Social Services, ECE, Education Support, Funeral Services.</p>	<p>Current and Future Workforce</p>	<p>Cultural competency of workforce is a priority in the Health and Wellbeing Review in 2024, which will cover health, disability, community and social services sectors.</p> <p>Qualifications supporting funeral services will also be reviewed in 2024 in conjunction with the industry and the Funeral Directors Association of NZ (FDANZ) and the advisory group from the Funeral Services Training Trust of New Zealand (FSTT).</p> <p>The Ministry of Education states that Professional Learning Development (PLD) appropriate to the needs of the early learning service is integral to maintaining and strengthening practice that contributes to children’s learning and wellbeing. The Ministry will introduce a planned and coherent national programme of PLD to support the design and implementation of local curriculum within the framework of Te Whāriki. This programme of PLD will reference Tātaiako: Cultural competencies for Teachers of Māori Learners and Tapasā: Cultural Competencies Framework for Teachers of Pacific learners.</p>

³⁶ Health Workforce [Plan 2023/2024](#), Te Whatu Ora - Health New Zealand, July 2023

³⁷ Ngā Paerewa Health and disability services standard [NZS 8134:2021](#), Standards New Zealand, came into effect in April 2022. It presents the minimum requirements necessary to present fair and equitable health and disability services. Coverage includes services in aged residential care, assisted reproductive technology, home and community support, residential mental health and addiction, public and private overnight hospital inpatient, birthing units, and hospice.

³⁸ Funeral Directors Association of NZ [2024 Conference](#) – Celebrating Culture

<p>He taonga te tamaiti – Every child a taonga: Early Learning Action Plan 2019-2029, requires that all teaching staff and leaders are well qualified, diverse, culturally competent and valued.</p>			
<p>Digital Health - Shift to digital delivery of services</p> <p><i>Te Pae Tata</i> Interim New Zealand Health Plan³⁹ committed to innovation and the redesign of delivery of care, including digital technologies. One of the six priority actions: Develop greater use of digital services to provide more care in homes and communities</p> <p>Goals of the <i>Health workforce plan 2023/24</i>⁴⁰ report that digital services will provide more people with the care they need in their homes and communities.</p>	<p>Health and Social Services</p>	<p>Current and Future Workforce</p>	<p>Toitū te Waiora will be consulting with industry and government funders around the future workforce needs through the review of qualifications including the Health and Wellbeing review in 2024. This is likely to include consultation with Toi Mai in the technology space.</p>
<p>Recognition of lived experience</p> <p>One of the ‘critical shifts’ signposted in Oranga Hinengaro System and Service Framework⁴¹ published in 2023 is for system transformation led by lived experience. <i>Critical shift 3: Build Lived Experience-led transformation (pg. 27)</i></p> <p>The <i>Ngā Paerewa Health and disability services standard NZS 8134:2021</i> defines the health care and support workforce being wider than regulated staff, including peer support workers, multidisciplinary teams, and security staff.</p> <p>A <i>Peer Support Workforce Insights Paper</i> issued by Te Hīringa Mahara - Mental Health and Wellbeing</p>	<p>Peer Support including but not limited to the Mental Health, Addictions, Justice, Disability, and Youth Work sectors</p>	<p>Current and Future Workforce</p>	<p>Toitū te Waiora will be considering the emerging significance of lived experience in the wellbeing sectors through the reviews of these qualifications including the Health and Wellbeing review in 2024.</p>

³⁹ [Te Pae Tata](#) Interim New Zealand Health Plan, Te Aka Whai Ora and Te Whatu Ora, October 2022

⁴⁰ [Health Workforce Plan 2023/24](#), Te Whatu Ora Health New Zealand, July 2023

⁴¹ [Oranga Hinengaro System and Service Framework](#), Manatū Hauora – Ministry of Health, April 2023

<p>Commission⁴² in 2023 provides evidence of the value of the peer workforce, information about peer support and the voices of lived experience. Board Chair, Hayden Wano says “We will continue to advocate for substantial growth of the peer support workforce.” (pg 3)</p> <p>Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing (pg. 40)</p> <p>Government & workforce centre messaging – Manatū Hauora⁴³ ⁴⁴, Te Hiringa Mahara⁴⁵ and Te Pou⁴⁶</p>			
<p>Impact of natural disasters on environment and changes to pest populations.</p> <p>E.g. Flooding and storms contributing to excessive amounts of decomposing vegetation.</p> <p>Climate change is a key driver of increasing frequency of changes to environment and the need to review skills and competencies of pest management.</p>	<p>Urban Pest Management [UPM]</p> <p>Increasing overlap with Rural Pest Management.</p> <p>Increasing need for the use of chemicals to eradicate new and increasing pest populations.</p>	<p>Current and Future Workforce</p>	<p>Toitū te Waiora holds the standards for <i>Urban Pest Management</i>, Muka Tangata has the Pest Operations and Pest Management qualifications and oversight of <i>Rural Pest Management</i>. Toi Mai has the <i>Conservation</i> sector. All three WDCs will need to collaborate with industry and providers on the shift towards a merging of skills needs.</p> <p>The following qualifications are due for review in 2025.</p> <ul style="list-style-type: none"> • New Zealand Certificate in Pest Operations (Level 3) with strands in Rural Pest Control, Rural Pest Monitoring, and Urban Pest Control [Ref 2443] • New Zealand Certificate in Pest Management (Level 4) with strands in Pest Animal, and Pest Plant [Ref 2444] <p>Engagement between the three WDCs and the Pest Management Association of New Zealand (PMANZ) in 2024 will enable early preparation for the review to consider emerging and merging workforce needs, changes to qualifications and possible development of micro-credentials.</p>

⁴² Peer Support Workforce Insights - A paper issued by Te Hiringa Mahara - Mental Health and Wellbeing Commission (Te Hiringa Mahara), 2023

⁴³ [Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing](#) “Grow new peer workforces to support new service model development “. (pg. 40)

⁴⁴ [New Zealand Health Strategy 2023](#) “There will be opportunities to grow and develop technical skills balanced with a focus on kaiāwhina, peer and lived experience,²⁶ and cultural skills”. (pg. 74)

⁴⁵ [Peer support workforce paper 2023](#) (pg. 13) “Employers often look for Level 4 qualifications related to health and wellbeing such as the Certificate in health and Wellbeing (Peer Support), when recruiting in peer support roles”.

⁴⁶ [Workforce stocktake Final report to the Government Inquiry into Mental Health & Addiction, June 2018](#) (pg 32)

			PMANZ has spotlighted the current lack of a pathway for Registered Technicians to be recognised as Master Registered Technicians; this will also be a consideration in the review.
Project Pihi Kaha – Whangārei Hospital Redevelopment	<p>After Build: Healthcare Assistants, Orderlies Enrolled Nurses</p> <p>During Build: health, social and community services, housing and education support roles to support estimated 500 workers and their households</p>	<p>Future Workforce</p> <p>Te Tai Tokerau references this build in its Workforce Plan</p> <p>Expected Construction Whānau House 2023-24 Child Health Unit 2024-26 Acute Services 2026-2030</p>	<p>Signalling increased provision for Te Taitokerau during and after build.</p> <p>We will be consulting with the Taitokerau RSLG and Te Whatu Ora.</p> <p>Consultation with Waihanga Ara Rau to ensure provision to support health and wellbeing of construction workforces and their whānau.</p>
Waipapa Building Project – Tower C – Christchurch Hospital	<p>Healthcare Assistants, Orderlies Enrolled Nurses</p> <p>The construction of Tower C, part of the ongoing redevelopment of Christchurch Hospital, will contain five floors, creating space for a further 160 inpatient beds (64 to be fitted out initially on two floors).</p>	<p>It is anticipated that the third tower will be completed by quarter three 2025.</p>	<p>Signalling increased provision for Christchurch from late 2025.</p> <p>We will be consulting with the Canterbury RSLG and Te Whatu Ora.</p>
Build of Dunedin Hospital	<p>After Build: Healthcare Assistants, Orderlies Enrolled Nurses</p> <p>During Build: health, social and community services, housing and education support roles to support construction workforce and their whānau.</p>	<p>Future Workforce</p> <p>Expected Construction start Nov 2023, finish Mar 2028</p>	<p>Signalling increased provision for Otago during and after build.</p> <p>We will be consulting with the Otago RSLG and Te Whatu Ora.</p> <p>Consultation with Waihanga Ara Rau to ensure provision to support health and wellbeing of construction workforces and their whānau</p>
Build of Retirement Villages - Regional pressures	<p>Health care assistants, diversional therapists</p>	<p>Future Workforce</p> <p>Various</p>	<p>We will work with industry, Te Whatu Ora and the relevant RSLGs to identify where specific regional residential aged and disability care pressures points are likely to occur.</p>

Jones Lang LaSalle's (JLL) latest retirement village database ⁴⁷ outlines the proposed regional build of retirement villages.			
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⁴⁷ The [11th Annual Report](#) by JLL, New Zealand retirement villages and aged care from New Zealand Retirement Village Database (NZRVD) and Aged Care Database (NZACD) year ending 2022 records details of aged care facilities across New Zealand and the proportion of rest home, hospital, and dementia care beds located or proposed at each facility.

SECTION F – Other

F1. Is there anything else you would like to advise TEC of (in relation to investment in vocational education and training)?

Mātauranga Māori Qualifications

Toitū Waiora industry coverage includes sectors that are supported by Mātauranga Māori qualifications overseen by Māori Qualifications Services (MQS) at NZQA.

These include:

- Hauora:
 - Te Tuapapa Hei Whai i te Ao Marama (Level 4), [Ref: 2880] 60 credits
 - New Zealand Certificate in Tiaki Kuia, Koroua, (Level 3) [Ref: 2873] 60 credits, (Level 4) [Ref: 2874] 120 credits
 - New Zealand Certificate in Whānau Ora, (Level 3) [Ref: 2877] 60 credits, (Level 4) [Ref: 2878] 60 credits
 - New Zealand Diploma in Whānau Ora, (Level 5) [Ref: 2879] 120 credits,
 - Te Pou Tautoko i te Ora (Level 4) [Ref: 2875] 120 credits, (Level 5) [Ref: 2876] 120 credits
 - New Zealand Certificate in Kaupapa Māori Public Health, (Level 4) [Ref: 2870] 60 credits, (Level 5) [Ref: 2871] 120 credits
 - New Zealand Diploma in Kaupapa Māori Public Health, (Level 6) [Ref: 2872] 120 credits
- Early Learning
 - New Zealand Certificate in a Māori World View in Early Learning, He Taonga Te Mokokopuna (Kaupae 2) [Ref: 2854] 60 credits, Te Mana o Te Mokokopuna (Kaupae 3) [Ref: 2855] 60 credits
 - New Zealand Diploma in a Māori World View in Early Learning, Te Puāwaitangao Te Mokokopuna (Kaupae 4) [Ref: 2856] 60 credits, Te Tipuranga o Te Mokokopuna, (Kaupae 5) [Ref: 2857] 120 credits, Te Rangatiratanga o Te Mokokopuna (Kaupae 6) [Ref: 2858] 120 credits
- Adult Teaching
 - Te Pōkaitahi o Te Mātauranga me te Whakangunu Pakeke (Kaupae 5) [Ref: 2882] 60 credits
 - Te Pōkairua o Te Mātauranga me te Whakangunu Pakeke (Kaupae 6) [Ref: 2883] 120 credits

Without access to enrolment and completion data, it is difficult to assess how the uptake of these qualifications align with the increases in workforce demand on either a regional or national basis and impact on the broader health and wellbeing, and education qualifications. The ongoing engagement between Toitū te Waiora and MQS will enable us to better provide for advice about the provision for training in these sectors. This is likely to include out of cycle advice as Toitū te Waiora progresses its review programme.

Workplace assessment for aged residential care and assisted living sectors.

The workplace assessment model is currently being challenged due to workforce pressures. Historically the small number of nursing staff in these sectors were also providing observation and assessment for kāiawhina training to complete qualifications. The shortage of nursing staff in the sector has meant the withdrawal by some aged care providers from workplace training. Without the employer led assessment model, the numbers of assessments are under pressure. Future funding from TEC may need to reflect the increased pressure on providers to provide assessment resourcing in place of those nursing assessors.

Fire and Emergency

The 10-year Plan 2020-2030 from Fire and Emergency New Zealand (FENZ)⁴⁸ would support increased enrolments and to improve numbers and capability to achieve such goals as:

- Increased workforce capability to meet current and future needs
- Building diversity and inclusiveness
- Improved recruitment and retention
- To build a strong and resilient volunteer workforce

Fire and Emergency is accredited for two NZQA accredited programmes and approximately 300 different, individual NZQA Unit Standards. In 2022 13,500 unit standards were achieved across 60 different unit standards.

In June 2023 NZQA published External Evaluation and Review (EER) into Fire and Emergency's approval and accreditation of its NZQA accredited training programmes and unit standards confirming a downgrade from being a category 2 to a category 4 Government Training Establishment provider. FENZ have taken steps towards improvement of systems and processes and NZQA has granted an exemption to the normal restrictions that would apply to a Category Four provider. Provision may need to be increased to ensure the workforce pipeline

Leadership

There is a call from industry and government to provide improved pathways for leadership in the health and wellbeing workforces. Particular emphasis is on increasing the numbers of Māori, Pacific peoples, disabled people and tangata whaikaha in leadership and management roles. The Health Workforce Plan 2023/24 highlights leadership pathways as a priority:

“Growing our future leaders - Our health system needs outstanding, diverse leaders at the helm – leaders who will champion our culture and are supported to excel, who can ensure our team of teams works together for the benefit of our communities, and who can make our health system an excellent place to work. We're committed to growing these leaders”

The representation of Māori, Pacific peoples, disabled people and tangata whaikaha is low across all health professions, with slow growth (1 -2% a year) especially in leadership positions (Health Workforce Advisory Board, 2022). The complex health workforce funding stream and lack of streamlined coordination are considered the main barriers to the growth of Māori, Pacific and disabled workforce. We will work with Ringa Hora who have oversight of the leadership and management qualification suite, to provide more detailed evidence of industry need. Anecdotal evidence supports qualifications that are focused on leadership & management for team leaders able to be applied in the health and wellbeing workplace settings. We anticipate that workplace programme development that is contextualised to the health and wellbeing workforces will be important to the success of leadership and management in our sectors

⁴⁸ [10-Year Plan 2020-2030 Te Ratonga Ahi me nga Ohotata i Aotearoa: Mahere Mahi 2020 - 2030](#)

APPENDIX 1 Summary RSLG Priorities and Actions [Toitū te Waiora Sectors]

All regional skills leaderships groups identify a workforce need for the health and social services sectors with most highlighting it as a priority either generally or specifically. This mirrors our own and sector evidence of workforce shortages spread across the motu. Nine regions reflect on the need for more specific and / or better data, supporting our stand on the paucity of workforce data being arguably the biggest barrier to confident and accurate workforce planning.

Region	Health & Social Assistance	Mental Health	Rangatahi / Youth Work	Kaiāwhina	Nursing	Aged Care	Allied Health	Education / Sector	Māori	Pacific	Whaikaha	Data need
Bay of Plenty Regional Workforce Plan 2023	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes
Canterbury Regional Workforce Plan	Yes	Yes	Yes					Yes	Yes	Yes	Yes	
Hawke's Bay Regional Workforce Plan	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes		
Manawatū-Whanganui Regional Workforce Plan	Yes		Yes	Yes					Yes			Yes
Marlborough Regional Workforce Plan	Yes		Yes			Yes			Yes	Yes		Yes
Nelson Tasman Regional Workforce Plan	Yes		Yes			Yes	Yes	Yes	Yes		Yes	Yes
Otago Regional Workforce Plan	Yes	Yes			Yes	Yes		Yes	Yes			Yes
Southland Murihiku Regional Workforce Plan	Yes	Yes		Yes	Yes	Yes			Yes	Yes	Yes	
Tairāwhiti Regional Workforce Plan	Yes				Yes		Yes		Yes	Yes		Yes
Taitokerau Regional Workforce Plan	Yes	Yes	Yes	Yes	Yes				Yes	Yes		
Tāmaki Makaurau Regional Workforce Plan	Yes	Yes	Yes						Yes	Yes	Yes	Yes
Taranaki Regional Workforce Plan	Yes	Yes	Yes	Yes					Yes			
Te Tai Poutini West Coast Regional Workforce Plan	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes
Waikato Regional Workforce Plan	Yes	Yes	Yes	Yes					Yes	Yes		Yes
Wellington Regional Workforce Plan	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes

Black is priorities or workforce need from plans or actions

Red is where area is flagged but not as a priority or key action

APPENDIX 2 - Enrolments by Qualifications (combined ITR and SDR learner enrolment)

NZQA Qualification Code	NZQA Qualification Title	2017	2018	2019	2020	2021	2022
2448	New Zealand Certificate in Youth Work (Level 3)	245	205	180	205	220	250
2449	New Zealand Certificate in Youth Work (Level 4)	80	115	155	135	280	335
2469	New Zealand Certificate in Health and Wellbeing (Level 2)	10045	13655	15290	16275	18455	16650
2470	New Zealand Certificate in Health and Wellbeing (Level 3) with strands in Health Assistance, Newborn Hearing Screening, Orderly Services, Support Work, Vision Hearing Screening, and Whanau, Kin and Foster Care	7120	8165	7860	7465	8395	8240
4108 (combined with previous qual. 2779)	New Zealand Certificate in Health and Wellbeing (Advanced Care and Support) (Level 4) New Zealand Certificate in Health and Wellbeing (Advanced Support) (Level 4)	1145	2080	2365	3090	4535	4410
2990	New Zealand Certificate in Health and Wellbeing (Primary Care Practice Assistance) (Level 4)	4	25	25	30	25	30
2989	New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4)	0	0	0	25	70	285
2992	New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) with strands in Community Health Work; Disability Support; Diversional Therapy; Mental Health and Addiction Support; and Whanau, Community and Social Services	1610	3575	4365	4680	5565	5455
3244	New Zealand Diploma in Health and Wellbeing (Practice/Applied Practice) (Level 5)	170	380	435	550	725	725
1888	New Zealand Certificate in Pharmacy (Pharmacy Technician - Core) (Level 4)	695	790	795	570	580	820
1889	New Zealand Certificate in Pharmacy (Pharmacy Technician - Advanced) (Level 5)	135	275	380	410	360	350
1865	New Zealand Certificate in Public Health and Health Promotion (Level 5)	25	40	85	100	180	195
3533	New Zealand Certificate in Workplace Health and Safety Practice (Level 3)	0	65	530	590	710	750
3534	New Zealand Certificate in Workplace Health and Safety Practice (Level 4)	0	15	30	75	160	260
3645	New Zealand Certificate in Workplace Health and Safety Practice (Level 6)	0	465	485	615	585	500
1942	New Zealand Diploma in Funeral Directing (Level 5)	20	25	30	0	30	70

APPENDIX 3 - Summary Youth Work Review

- Previous messaging reinforced by stakeholders that a youth work qualification must be practical, include an element of on-the-ground training and needs to reflect current issues and pressures.
- To best serve youth workers – particularly those working in remote locations – part-time and distance study options are also necessary.
- Letters of evidence and endorsement for level 5 received from:
 - Te Ora Hou: Te Ora Hou Ōtautahi is a group of people, mostly Māori, committed to the holistic development of young people, their whānau and communities. We are involved in a wide variety of youth and community development initiatives at a local, regional, and national level. Te Ora Hou Ōtautahi is affiliated to Te Ora Hou Aotearoa – a national network of organisations with a similar kaupapa.
 - Laidlaw College - Laidlaw College is the largest interdenominational theological tertiary institute in Aotearoa New Zealand, offering qualifications from certificate to doctoral level, in the areas of theology and biblical studies, mission, ministry, counselling and teacher education.
 - 24/7 Youth Work - In an internal survey conducted in March this year, 25% of those who responded indicated their interest in a Level 5 Youth Work qualification, with further comments stating a desire to continue to gain a bachelor’s degree in Youth Work. 70% of respondents are considering youth work as a viable long-term career option and 75% indicating their desire to upskill, the Level 5 Certificate in youth work will provide a realistic entry point for many current and potential youth workers.
- Consultation that indicated higher level qualifications (level 5 and 6). Level 6 enrolments have remained static over the last five years. Our request has focused on the establishing provision for the new Level 5 qualification.



Te Ora Hou letter of support.pdf



Laidlaw letter of support Level 5 Youth



Letter of support 24-7 Youth Work .pdf



Findings from 2022 October consultation.



YOUTH WORK SURVEY collation of fe



2022 NZ Youth Work Qualifications Review



Consistency Review 3803 Final Report.pdf

APPENDIX 4 - Kaiāwhina (Health and Disability) Workforce Growth

Kaiāwhina workforce growth is forecast at 5% between 2022 and 2025

This workforce modelling project was a collaboration between Manatū Hauora with the Social Wellbeing Agency in 2018, following a request from the Social Wellbeing Board for analysis of workforces and work transitions.

The project involved combining 2013 and 2018 Census data on occupations with demographic and labour force data in Stats NZ's Integrated Data Infrastructure (IDI), making use of SWA's expertise in IDI analysis.

In response to the absence of other modelling for kaiāwhina (non-regulated occupational groups) the Health Workforce Directorate in the Ministry of Health built a workforce forecasting model to make projections for kaiāwhina beyond the 2013 and 2018 base data.

These results are not official statistics. They were created for research purposes from the [Integrated Data Infrastructure (IDI) and/or Longitudinal Business Database (LBD)] which are carefully managed by Stats NZ.

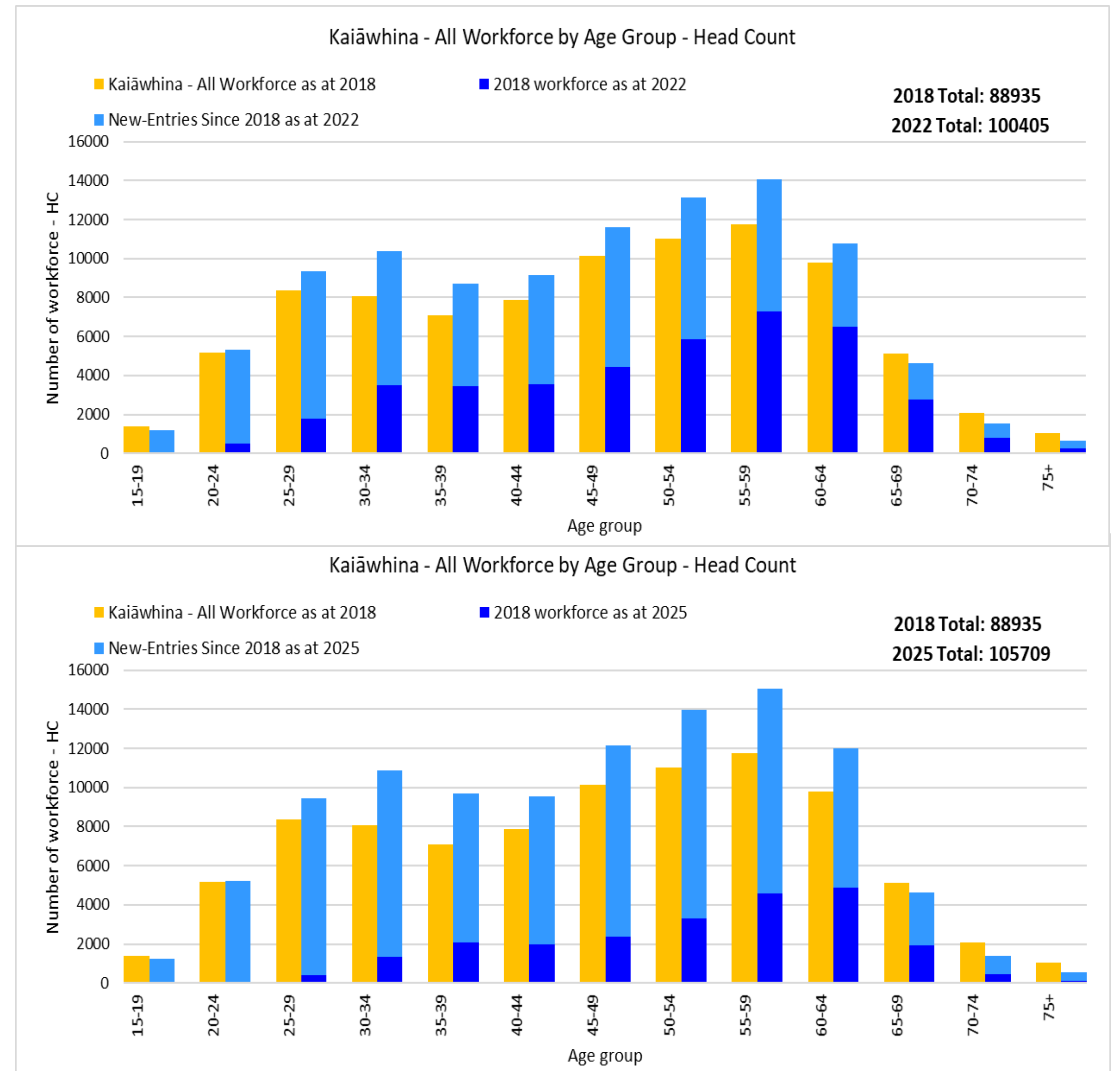
Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the authors, not Stats NZ or individual data suppliers

Source Ministry of Health and Social Wellbeing Agency.
Modelling – Emmanuel Jo, Te Whatu Ora⁴⁹



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Unregulated HWF For

⁴⁹ http://orsnz.org.nz/conf51/wp-content/uploads/sites/3/2017/12/ORSNZ17_JoE.pdf



APPENDIX 5 – Health and Wellbeing Strategies and Plans – general increase

Toitū te Waiora has identified and takes guidance from more than 100 plans, strategies, frameworks, statements of intent and reports that specifically reference capability and/or capacity for our sectors. These include the broader education and employment plans as our sector coverage includes education and employment support.

Health and Wellbeing

These plans and strategies state the need for an increase in growth of the kaiāwhina workforce or identify current pressures and workforce shortages or need. No specific data is given although many highlight the need for data.

Author/Publisher	Date	Reference to workforce demand, shortage or need
<p>Allen + Clarke, All is for All and Te Amokura Consultants commissioned by the Disability Directorate (Ministry of Health)</p> <p>Disability support workforce community engagement report</p>	Mar-23	<ul style="list-style-type: none"> › The disability workforce is currently being heavily impacted by staff shortages affecting the entire health workforce. While this has been exacerbated by the impacts of COVID-19 and reduced immigration, there is an underlying issue with a lack of people entering the disability workforce. (pg. 4) › The underlying issue of under-recruitment into the workforce has been a long-term persistent problem. There is an over reliance on immigration to bolster the workforce without significant enough investment in domestic recruitment and training programmes. (pg. 11) › Service providers and support workers had common goals and priorities for the sector including having access to a robust pipeline of support workers to alleviate staffing shortages. (pg. 14)
<p>Ara Poutama Aotearoa [Corrections]</p> <p>Ara Poutama Aotearoa Suicide Prevention and Postvention Action Plan 2022-2025</p>	Mar-22	<p>Strategic focus area 3: Developing the workforce (pg.12)</p> <p>What this will look like:</p> <p>Staff will be supported to expand their knowledge and skills through appropriate supervision, training and learning opportunities which incorporate a te ao Māori worldview, in line with Hōkai Rangī. (pg.12)</p> <p>Efforts will be made to expand the current workforce in order to increase the range of supports available including use of kaiāwhina, tohunga, rongoā practitioners. A specific focus will also be on expanding the Māori workforce. (pg.12)</p> <ul style="list-style-type: none"> › Expand the current workforce in order to increase the range of supports available including use of kaiāwhina, tohunga, rongoa practitioners. A specific focus will also be on expanding the Māori workforce. (pg. 12) › Suicide affects people from all communities and population groups within Aotearoa. Māori, and particularly young Māori, are significantly more likely to die from suicide than non-Māori, however. In fact, rates of suicide among Māori youth (both males and females) are among the highest globally (pg. 5)
<p>Carers NZ and the Carers Alliance, Synergia</p> <p>The State of Caring in Aotearoa</p>	Aug-22	<ul style="list-style-type: none"> › Respite care requires an expanded, reliable and competent workforce to alleviate stress on individual carers and to be available in emergencies. (pg. 35)

Author/Publisher	Date	Reference to workforce demand, shortage or need
Home and Community Health Association (HCHA) Recognising the Contribution of the Home and Community Support Sector to New Zealand	Nov-19	<ul style="list-style-type: none"> › The opportunity to grow Home and Community Support Sector (HCSS) role in delivering clinical care will require a sustained focus on digital technology (e.g., point of care testing; remote monitoring), training and clinical supervision to equip the kaiāwhina non-regulated workforce to contribute to delivery of care in the community. (pg. 3)
Kaiāwhina Workforce Taskforce, Ministry of Health, Careerforce - (now overseen by Te Whatu Ora and Toitū te Waiora) Kaiāwhina Workforce Plan 2020-2025	Jul-20	<ul style="list-style-type: none"> › Facilitate, with sector stakeholders, the development and implementation of an attraction, recruitment, induction, training, retraining and retention action plan (pg. 15) › Utilise the Reform of Vocational Education (RoVE) to build a system that accelerates workforce capability and capacity to respond to new and emerging roles and services. (pg. 15)
Mate Wareware advisory Rōpū, Alzheimers NZ, NZ Dementia Foundation, Dementia NZ Dementia Mate Wareware Action Plan – It’s time for action 2020-2025	Sep-21	<ul style="list-style-type: none"> › Workforce issues are worsening - Significant numbers of additional staff will be needed as the numbers of people living with dementia/mate wareware increase. Recruitment and retention are already a problem. (pg. 12) › An estimated 30,000 people with dementia who need vital care are missing out, due to staff shortages.
Ministry of Health [MoH] Manatū Hauora Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing	Aug-21	<ul style="list-style-type: none"> › Increase training places to specialise in mental health, addiction (including gambling harm), suicide prevention and mental wellbeing (pg. 39) › Support workforces across sectors (e.g., Ara Poutama, New Zealand Defence Force, the Ministries of Education and Social Development, Oranga Tamariki, Te Tūāpapa Kura Kāinga and the Police) to provide first-line support in regard to mental health, addiction, suicide prevention and mental wellbeing (pg. 39) › Grow the clinical, kaiāwhina and cultural workforces to meet demand across sectors and across levels of need (pg. 39) › Prioritise the growth and development of Māori, Pacific, youth and cultural workforces and create new roles in primary and community settings (pg. 40) › Prioritise the growth and development of peer workforces and enable opportunities for peer support roles to operate across focus areas (pg. 40) › Indicators of change across the mental wellbeing system › Increased numbers within, and shifts in the composition of, the mental wellbeing workforce to enable new models of support (pg. 46)
Ministry of Health [MoH] Manatū Hauora New Zealand Cancer Action Plan 2019–2029	Jan-20 Revised	<p>The sector has outlined several significant workforce issues. (pg. 19)</p> <ul style="list-style-type: none"> › There are overall shortages in many areas of the workforce (pg. 19) › There are insufficient numbers of trained Māori and Pacific health care professionals to provide appropriate care for these priority populations. (pg. 19) › There is a requirement to strengthen and support the current health workforce. (pg. 19)

Author/Publisher	Date	Reference to workforce demand, shortage or need
Ministry of Health [MoH] Manatū Hauora New Zealand Health Strategy 2023	Mar-23	Priority 3 Valuing our workforce (pg.70) <ul style="list-style-type: none"> › There will be opportunities to grow and develop technical skills balanced with a focus on kaiāwhina, peer and lived experience, and cultural skills. (pg.74) › Our health system is facing shortages in a number of different professional groups. This is placing pressure on existing teams and individuals and their ability to provide high quality care. Moreover, there are services and places that have been traditionally hard to recruit to, including more remote rural communities. (pg.76) › Expanding training pathways will deliver more New Zealand trained professionals over time and can address shortages and improve workforce representation for our communities, in particular for Māori. (pg. 77)
Ministry of Health [MoH] Manatū Hauora Whakamaua Māori Health Action Plan 2020-2025	Jul-20	PRIORITY AREA 3 – Maori health and disability workforce (pg. 40) <ul style="list-style-type: none"> › Increase the capacity and capability of the Māori health and disability workforce. (pg. 40)
Te Pou in association with Matua Raki Consumer, Peer Support and Lived Experience [CPSLE] Workforce Action Plan	Oct-21	Grow our workforce. Increasing current roles as well as new roles emerging across the health and social sectors, and ensuring we recognise and grow diversity across the workforce. (pg.3) Goal 2. Grow our workforce (pg. 7) <ul style="list-style-type: none"> › Workforce data (pg. 7) › Increase investment and workforce (pg. 7) › Increase CPSLE led and run services (pg. 7) › Scopes of practice (pg. 7)
Te Pou in association with Matua Raki Consumer, peer support and lived experience mental health and addiction workforce development strategy: 2020–2025	Jul-20	Goal 3. Develop skills and employment environments - We must be well trained, skilled, well resourced, have clear roles and accountabilities. (pg. 9) The following actions are required: <ul style="list-style-type: none"> › Workforce development to co-develop and co-design training and professional development activities, and guidelines for planners and funders to inform commissioning and contracting for our workforce (pg. 10) › Education providers to partner to deliver career pathways, qualifications, and training that meet our needs, delivered in ways that suit our learning styles and needs. (pg. 10)
Te Hiringa Mahara – Mental Health and Wellbeing Commission Peer support workforce paper 2023	Jun-23	› A substantial increase in the peer workforce is needed across all services, including within specific peer-support services, and providing peer support as a part of all other services including alcohol and other drug services, crisis services, multidisciplinary mental health teams, and support services (pg14)
Te Pou NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services report	Mar-23	› The report concludes that “ workforce development is needed to return vacancy rates to previous norms, sustain high recruitment rates, and address retention challenges ”. (pg.34)

Author/Publisher	Date	Reference to workforce demand, shortage or need
Te Whatu Ora - Health New Zealand, Te Aka Whai Ora - Māori Health Authority Te Pae Tata Interim New Zealand Health Plan 2022	Oct-22	› Te Pae Tata recognises the many pressures our health workforce whānau experience and commits to significant change to make a career in health a career of choice. This includes addressing workforce shortages , diversifying our workforce and investing in training and development. [See Sections 1.2-1.3] (pg. 100)
Te Whatu Ora - Health New Zealand Health workforce plan 2023/24 July 2023	Jul-23	› Over successive decades, we have not grown and supported our workforce to the extent needed. Even though we have seen continuous growth over the past decade, this has left us today with a material gap, and a workforce under strain . (pg. 3) › Looking service-by-service, we know that there are acute pressures across workforces in certain settings, including mental health & addictions settings (both community and acute services) rural primary, community and hospital settings . (pg. 16) › It will require a bigger primary and community workforce who work together across disciplinary lines. (pg.18) › The Government committed \$200m per year to lift pay for nurses and healthcare assistants working in the primary sector. This was implemented from April 2023. (pg.22) › Based on available information from the NZ Disability Support Network, providers, disabled people, tāngata whaikaha Māori, families and whānau, there are indications of potential shortages of kaiāwhina across both rural and urban settings. (pg. 26) › Primary and Community Providers: We need to support the system to recruit workforces in primary and community settings including Māori and Pacific workforces in areas of high need and requiring cultural expertise. (pg.41) › Shift primary and community models of care to redistribute demand to other workforces. (pg. 49) › Our greatest opportunity with our kaiāwhina workforce is to not just grow a community-based workforce close to whānau, but to offer opportunities to grow skills, qualifications and scope over the course of a career in health . (pg. 58) › This will require: Approaches that are inclusive of primary and community providers , including Māori and Pacific providers – as these are often the settings where kaiāwhina first grow and thrive in their initial steps into health careers (pg. 59) › Delivering in 2024 : Grow funding for Māori to access ... vocational training opportunities across health professions including in primary, community, rural and rongoā settings . (pg. 65) › Invest in new pathways for kaiāwhina training in our communities, focused on growing our community kaiāwhina workforce to support Comprehensive Primary Care Teams (pg. 68) › “Delivering in 2025: Undertake a design process with tertiary providers, primary and community providers and rural communities to develop a national rural training system . (pg.69) <i>Ref: Appendix 5</i> Actions › 3.3 Scale training initiatives which will grow our future workforce and cross agency initiatives (such as those MST deliver) - particularly in rural areas (pg. 6) › 4.3 Increase our training numbers in at risk and foundational professions. (pg. 6) › 4.2 Encourage kaimahi back into health including people supported through MSD employment programmes. (pg. 6) › 5.4 Ensure that our people have the pathways to grow (pg. 6)

Author/Publisher	Date	Reference to workforce demand, shortage or need
<p>The Board for the Elimination of Family Violence and Sexual Violence Te Kāwanatanga o Aotearoa - New Zealand Government</p> <p>Te Aorerekura - National Strategy to Eliminate Family Violence & Sexual Violence</p>	Dec-21	<p>Increase capacity for the sustainable workforces and mobilised communities that are key enablers of change</p> <ul style="list-style-type: none"> › Shift Three: Towards skilled, culturally competent and sustainable workforces. (pg.49) Actions 10-15 <p>There will be specific plans for upskilling and growing the:</p> <ul style="list-style-type: none"> › specialist workforce to work with children and young people traumatised by violence › specialist workforces that serve different communities › workforces that support disabled people › kaupapa Māori workforce serving whānau, hapū and iwi. (pg. 48)
<p>Written By Grant Cleland, Cate Grace, Angie Baker, Josh Caldwell and Angela Desmarais</p> <p>Voices from the Community Insights on Future Curriculum and Delivery Options for the NZQA Health and Wellbeing Levels 2-4 Certificate Qualifications in Disability Support - Report for the Workforce Collaboration Steering Group</p>	May-23	<p>For Whaikaha, MSD, NZDSN, Te Pūkenga, Careerforce, Toitu te Waiora, Enabling Good Lives</p> <ul style="list-style-type: none"> › Overall, the disability support workforce is aging - particularly workforces in residential facilities vs a younger workforce in community and home-based settings. (pg. 50) › It is increasingly tough for employers to recruit support workers, there are serious staff shortages, and with the increasing expectations and support that is now required some older staff are leaving the industry. (pg. 50)

APPENDIX 6 – Health and Wellbeing Reports with data

The following reports are referred provide some numbers related to specific parts of the health and wellbeing workforces and are references in the above tables.

Author & Plan/Report	Date	Reference to workforce demand, shortage or need
<p>Allen + Clarke, All is for All and Te Amokura Consultants commissioned by the Disability Directorate (Ministry of Health)</p> <p>Disability support workforce community engagement report</p>	Mar-23	<ul style="list-style-type: none"> › The Disability support workforce community engagement report 2023 acknowledges the significant issue for the disability support workforce in sourcing data. (pg. 5, 23) › Support workers and service providers felt that once people are in the workforce there are limited pathways for them to develop over time. There are limited resources for training and the chronic understaffing often means people are unable to take up training or development opportunities. Some providers commented that the only way to progress in their organisation was by entering management which would not suit or meet the needs of everyone. This view is supported by 2017 – 2018 workforce data which showed that 29% of the workforce is unqualified.⁵⁰ (pg. 18)
<p>Ara Taiohi</p> <p>He Arotake Tuhinga – A Review of Aotearoa New Zealand Youth Development Research</p>	May-19	<ul style="list-style-type: none"> › There has been a substantial increase in the proportion of youth workers with qualifications (certificate, diploma, or degree). In 2006, about half had a qualification of some kind, including 13% who had a diploma or degree in an unrelated area. By 2015, the amount of qualified youth workers had risen to 78%, including 38% who had a youth work specific qualification, a significant leap from 7% in 2006. Furthermore, in the 2015 survey, an additional 33% of youth workers had a non-youth work degree. (pg.42,43)
<p>Home and Community Health Association (HCHA)</p> <p>Briefing for Incoming Minister [Minister of Health - Hon Dr Ayesha Verrall, Minister for Disability Issues - Hon Priyanca Radhakrishnan Minister for ACC, & Associate Minister of Health Hon Peeni Henare]</p>	Feb-23	<ul style="list-style-type: none"> › Kaiāwhina (health and disability support roles) represent 96% of the Home and Community care workforce. › “Home and Community Support (HCSS) providers currently deliver essential home-based health and disability services to over 101,000 vulnerable New Zealanders utilising a workforce of 18,500 support workers and 750 nurses.” (pg.5)
<p>Jones Lang LaSalle’s (JLL)</p> <p>11th Annual Report: New Zealand retirement villages and aged care - New Zealand Retirement Village Database (NZRVD) and Aged Care Database (NZACD) year ending 2022</p>	Aug-23	<ul style="list-style-type: none"> › Retirement village numbers have grown 32%, from 343 villages (in 2012) to 452 villages, and unit numbers have grown from 21,815 to 39,070, representing an increase of 79% over 10 years (pg. 5.)

⁵⁰ 2017 – 2018 pay equity data provided by MOH for the Disability support workforce community engagement report

Ministry of Social Development Insights Reporting Series Young people 16–24 years old	Mar-23	<ul style="list-style-type: none"> › Other wellbeing indicators suggest some young people are experiencing complex needs and may need more support. For example, over the last 10 years, there has been a growing number of young people accessing mental health and addiction services. In the March 2010 quarter, 5.2 percent of young people had accessed mental health and addiction services, and this more than doubled to 13.3 percent by the June 2019 quarter. More recent data from the What About Me survey also suggests this deterioration in mental health for young people has continued. (pg.4)
NZ Aged Care Association (NZACA) & Berl The Industry Profile 2021-22 for the aged residential care ARC sector	Mar 22	<ul style="list-style-type: none"> › Demand for aged residential care is forecast to increase by an estimated 15,000 beds (36%) by 2030⁵¹. (pg.56,57) › Turnover rates are increasing [Turnover for full time caregivers is 22 percent, part time workforce turnover is 29 percent.] (pg.35) › 40.9% of ACA members named difficulties in recruiting and retaining staff as a factor in not increasing facility capacity to respond to demand. (pg. 56) <p><i>Between March 2020 and September 2021:</i></p> <ul style="list-style-type: none"> › Kaiāwhina caregivers accounted for the largest proportion of the ARC care workforce in 2021 at 68.9 % (pg.35) › Kaiāwhina activities coordinators & diversional therapists made up 5.7 percent of the care staff workforce (pg.35) › Enrolled nurses (ENs) were 1.4 percent of the care staff workforce. (pg.35) › Total bed numbers grew most in Canterbury DHB over this period (up 519 beds) and Waikato DHB (up 335). › The percentage of RNs on a visa is 43 percent, while around one third of the (kaiāwhina) caregiver workforce (made up of healthcare assistants, activities coordinators and diversional therapists) is on a visa. (pg. 2) › Nearly four thousand (kaiāwhina) caregivers and diversional therapist/activities coordinators were on visas in December 2021. (pg. 41) › The Philippines (39 percent of RNs, 35 percent of caregivers on visas) and India (37 percent of RNs and 40 percent of caregivers on visas) are the main countries of origin for ARC workers on visas. (pg.2)
Te Hiringa Mahara – Mental Health and Wellbeing Commission Peer support workforce paper 2023	Jun-23	<ul style="list-style-type: none"> › The number of peer support⁵² full-time equivalent (FTE) positions increased by 18 per cent across four years, from 361 FTE in 2018 to 425 FTE in 2022. (pg. 6) › Over the last five years, 293 (16.6 per cent) specialist mental health and alcohol and drug teams across Aotearoa provided peer support. (pg. 25)
Te Pou The Mental health and addiction workforce: 2022 primary, community, and secondary healthcare services report	Oct-23	<ul style="list-style-type: none"> › The estimated workforce totals 15,534 FTE positions (employed and vacant) (pg. 13) › The overall workforce vacancy rate is over 11 %. However, this is likely underreported due to challenges establishing the exact vacancy rate for Te Whatu Ora adult services (pg. 16) › Secondary healthcare providers have more than half the workforce - 56%, community providers have 38% and primary healthcare has 7% (pg. 11) › The workforce is comprised of kaiāwhina support workers (33 %), registered health professionals (47 %), medical practitioners (6%) and managers & administrators (14 %) (pg. 16)
Te Pou	Mar-23	<p>Key findings:</p> <ul style="list-style-type: none"> › The workforce totals 5,165 FTE positions (employed and vacant). (pg. 5) › Vacancy rates (11 %) are more than twice those of 2018 (5 percent)

⁵¹ <https://berl.co.nz/our-mahi/aged-residential-care-industry-profile-2021-22> (press release)

⁵² This data includes both peer support (consumer and service user) workers and peer support (family and whānau) workers.

<p>NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services report</p>		<ul style="list-style-type: none"> › The workforce is comprised of kaiāwhina support workers (60 %), registered health professionals (21 %), and advisors, managers, and administrators (19 %). (pg. 5) › The lived experience workforce comprises around 9 percent of the total NGO workforce, Māori cultural roles are 6 percent, and Pasifika cultural roles are around 2%. › The report finds some progress towards health policy and strategy goals to grow the number of Kaupapa Māori NGOs delivering services, increase lived experience, Māori, and Pasifika leadership in the sector, and grow the Māori and Pasifika lived experience and cultural workforce. The report concludes that workforce development is needed to return vacancy rates to previous norms, sustain high recruitment rates, and address retention challenges.
<p>Te Pou</p> <p>Te Whatu Ora adult mental health and addiction workforce: 2022 adult alcohol and drug and mental health services report</p>	<p>Apr-23</p>	<ul style="list-style-type: none"> › Key findings: › The workforce totals 7,311 FTE positions (employed and vacant). › Vacancy rates (11 percent) are nearly twice those of 2018 (6 percent). › The workforce is comprised of support workers (15 percent), registered health professionals (71 percent), and advisors, managers, and administrators (14 percent)
<p>Home and Community Health Association (HCHA), Lattice Consulting and Careerforce</p> <p>Spreading Our Wings - A Report into the Training and Development Needs of the Health and Disability Home and Community Workforce</p>	<p>Sep-18</p>	<p>HCHA and Careerforce undertook a comprehensive review of the training and development needs of the health and disability workforce in 2018.</p> <ul style="list-style-type: none"> › The current HCSS support worker workforce consists of 17,000 Kaiāwhina: 93% women, 82% Pakeha. (pg.8) › This Kaiāwhina workforce has an ageing profile, with 12% over 65, 55% over 55 and very low numbers under 34 (pg.8) › To effect the changes in the workforce, required to meet the identified changing client needs, will require substantial additional investment in training (pg. 8)
<p>Funeral Directors Association of NZ</p> <p>2023 New Zealand Funeral Industry Trends Report</p>	<p>Nov-23</p>	<ul style="list-style-type: none"> › Funeral homes register their physical premises with local councils to operate so it is difficult to accurately size the market. However, the Department of Internal Affairs (DIA) do keep a record of all those organisations who register deaths and from a list provided in August 2023 it appears there are around 350 funeral homes. At an individual level, the 2018 Census data records 765 individuals as identifying their occupation as a funeral director or funeral worker. These workers were more likely to be aged over 45, male, and European. (pg. 9) <p>FUTURE TRENDS</p> <ul style="list-style-type: none"> › The number of deaths is increasing - Our population is continuing to grow and age. In 2042, the projected death volume in New Zealand is 52,700, up from just under 39,000 in 2022 (pg.25) › Increased workforce with changing motivations: Our 2016 industry report calculated there were 63 deaths per funeral director based on the number of deaths divided by total funeral directors. While we don't have upto-date census data that would confirm the total number of funeral directors, a reasonable estimate remains 600 – 630 funeral directors and on this basis the 63 figure remains reasonable proxy. On these numbers, the total number of required funeral directors would rise to around 830 (assuming funerals continue in the current form – see other conclusions) by 2043. Many of these would be younger and employers will have to adapt to changing work motivations such as increased needs for flexibility and wellness and support requirements. As New Zealand's ethnic mix changes, there is also opportunity to recruit for those who can represent the needs of non-European cultures (pg.26)

APPENDIX 7 – Health and Safety Plans and Reports

Health and Safety

Author/Publisher	Date	Plan / Report
Health and Safety Association of NZ (HASANZ), the Government Health and Safety Lead (GHSL), the NZ Institute of Safety Management (NZISM), the New Zealand Safety Council (NZSC), & WorkSafe NZ Health & Safety Generalist Pathway: An Overview of Health & Safety Generalist Careers in New Zealand	Dec-21	<ul style="list-style-type: none"> › In recent years there has been a noticeable growth in people moving into a career in H&S because of the changing nature of H&S roles. (pg.8) › The scope and diversity of the H&S Generalist profession also means there are many different roles and environments to work in. These can range from site-specific roles focused on technical work processes and specific hazards, to developing broader systems and processes across an entire (sometimes multinational) organisation; to giving consultancy advice to a diverse range of businesses. (pg. 8)
Health and Safety Association of NZ (HASANZ) Building the Professions: HASANZ Health and Safety Workforce Pipeline Report	Nov-19	<p>Projected future demand (page 30)</p> <ul style="list-style-type: none"> › To estimate the required workforce growth needed over the next decade, MartinJenkins combined the projected employment growth of 1.5% per annum in sectors with higher health and safety risks, with an additional 2.3% per annum growth to account for the desired increase in the ratio of health and safety professionals to workers. <p>Existing and emerging skills shortages (pg. 30-31)</p> <ul style="list-style-type: none"> › In addition to the need for overall workforce growth, this project identified a number of short- to medium-term issues related to skill mix, demographic pressures and difficulties meeting existing demand. <p>Health and safety generalists</p> <ul style="list-style-type: none"> › The size of the generalist workforce will need to increase to meet employment growth and to provide a higher ratio of professionals to workers. A key challenge is improving the skill mix, given New Zealand's relatively low numbers of highly qualified, experienced professionals. (pg. 32) › MartinJenkins estimated that the current 'suspected workforce' of approximately 4,500 in 2019 would need to increase by 3.8% a year to 6,600 to meet expected demand in 2029. That is about an additional 2,100 roles or an increase of roughly 45% over 10 years (pg 8.) › Increase 4,500 to 6,600 health and safety professionals between 2019 and 2029. (pg. 30) <p>Caveats: does not account for workforce attrition through demographic ageing, migration and career change or skill mix.</p>
New Zealand Government Ministry of Business, Innovation and Employment (MBIE) Health and Safety at Work Strategy 2018 -2028	2018	<ul style="list-style-type: none"> › The second goal is building everyone's capability to do this well. We need to make sure that everyone knows what their role is, is able to and does play their part. To achieve this there are four priorities that together will lead to improved capability in the system to manage risks. These are leadership; worker engagement, representation and participation; health and safety practitioners; and data and insights. (pg. 2) › Priorities: Lift capability of health and safety practitioners (pg. 3)

APPENDIX 8 – Education Plans and Reports

Education

Author/Publisher	Date	Plan / Report
Ministry of Education [MoE] Te Tāhuhu o te Mātauranga	Jul-20	Ka Hikitia – Ka Hāpaitia
<p>Grow the next generation of professional, diverse and culturally capable teachers and kaiako through a range of teacher supply initiatives. Support whānau, hapū, iwi and Māori to develop and lead Kaupapa Māori pathways within our education services.</p>		
Ministry of Education [MoE] Te Tāhuhu o te Mātauranga	Jul-20	Tau Mai Te Reo
<p>We will grow the supply of Māori Language in Education teachers through the Teacher Supply package within Budget 2019</p>		
Ministry of Education [MoE] Te Tāhuhu o te Mātauranga	Dec-19	Action Plan for Pacific Education 2020–2030 (2023 refresh)
<p>The Pacific workforce is grown, valued and supported Support growing the network of Pacific early learning centres Improve ratios of adults to children under the age of 3 in teacher-led centre based early learning services Expanding professional learning and development (PLD) for Teacher Aides, supporting learners with English as an additional language, through Pasifika Teacher Aide Project (PTAP) (led by MoE)</p>		
Ministry of Education [MoE] Te Tāhuhu o te Mātauranga	Dec-19	He taonga te tamaiti – Every child a taonga: Early Learning Action Plan 2019-2029
<p>Objective 3: Teaching staff and leaders are well qualified, diverse, culturally competent and valued 3.2 Raise the levels of home-based educators’ qualifications. All educators within quality rate services must hold a Level 3 ECE qualification or credits towards the Level 4 ECE qualification. All home-based educators will need to hold, or be in training towards, a Level 4 ECE qualification, or Te Ara Tuarua, or hold a higher ECE or kōhanga reo qualification. 3.3 Develop an early learning teacher supply strategy that aligns with the wider education workforce strategy New investment will encourage enrolment in early learning ITE programmes and focus on attracting school leavers, people already involved in early learning provision, career changers, and parents and whānau to these programmes.</p>		
Ministry of Education [MoE] Te Tāhuhu o te Mātauranga	Jul-19	Learning Support Action Plan 2019-2025
<p>The Ministry is developing a long-term Education Workforce Strategy in partnership with the education sector. The Strategy will be comprehensive, including the workforce across early learning services, primary and secondary education, the learning support workforce, both Māori-medium and English medium. It will identify the mix of professionals and paraprofessionals (including teacher aides) needed to support disabled children and young people and those with learning support needs and will identify the ongoing professional learning and development these professionals and paraprofessionals will need.</p>		

APPENDIX 9 - Media reports workforce shortages in health and disability

These articles are a selection of reports about workforce shortages. While any individual article may not constitute evidence, the cumulative volume of noise from industry partners reported in reputable media platforms provides evidence in support of the key messaging around critical workforce shortages, increasing vacancies and the need to grow our health and disability kaiāwhina workforce.

2023

[Mental health workforce vacancies increase \(national.org.nz\)](#)

[Pay gap crippling essential community health care \(familyplanning.org.nz\)](#)

[Concerns over unregulated healthcare assistant workforce | RNZ](#)

[Two urgent things the next health minister must resolve | The Post \(waikatotimes.co.nz\)](#)

[The Front Page: How bad is the aged-care crisis in New Zealand? - NZ Herald](#)

[The aged care crisis affects us all \(nbr.co.nz\)](#)

[Aged Care Is In Crisis: Part 3 - WOMAN \(womanmagazine.co.nz\)](#)

[Aged care crisis looms as providers close up | RNZ](#)

[Moerewa part-time GP service shines spotlight on national health workforce shortage – Te Ao Māori News \(teaonews.co.nz\)](#)

[Health Minister Ayesha Verrall stands by NZ's healthcare reputation, despite 8000 worker shortfall | Newshub](#)

[The need to nurture Aotearoa New Zealand's healthcare workforce | OPEN ACCESS \(nzma.org.nz\)](#)

The Aged Care Crisis 28 NZ Listener – 28 Jan 2023



2022

[Disability sector facing critical staffing crisis and calling for more carers | RNZ](#)

[A severe workforce shortage is exacerbating a lack of culturally appropriate disability support workers. \(1news.co.nz\)](#)

['24 hours shifts' - Aged Care sector staff shortages at crisis point | RNZ News](#)

[Home care support workers burnt out and unable to take breaks | Stuff.co.nz](#)

[Samantha Heath: Aged care in critical need - NZ Herald](#)

APPENDIX 10

Roles and subsectors relevant to the New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4)

The New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) with strands in community health work, disability support, diversional therapy, mental health and addiction support and whānau community and social services [Ref 2992] can be completed across multiple roles in multiple sectors and subsectors in multiple settings including, but not limited to:

Kaupapa Māori services	Community housing services	No fixed abode (homelessness) support services
Budgeting and financial services	Food security services	Refugee settlement support services
Migrant support services	Whānau ora services	Employment support services
Tenancy services	Emergency housing services	Youth support services
Youth justice support services	Elderly support services	Family and parenting support services
Child welfare services	Family violence support services	Sexual violence support services
Gambling support services	Reintegration services	Prisoner aid services
Counselling services	Foster care	Mental health support services
Social justice advocates	Community development workers	Suicide prevention & post-vention services
Iwi services	Well Child support services	Wellbeing coaching and promotion
Tamariki ora support workers	Rainbow support services	Consumer advocacy services
Pacific wellbeing support services	Community health services	Peer support services
Relationship services	Mentoring services	Disability support services
Diversional therapy	Education support services	Career and vocational services
Parenting support services	Victim support	Women's refuges
Child protection services	System navigators	Out of school care services
Addiction support services	Orderly services	Whānau support services
Health care assistance	Allied health care assistance	Rehabilitation support
Recreational therapy	Needs assessment services	Pregnancy and Newborn Screening Services
Adult screening services	Family Start Services	Whānau and community facilitation
Home & community support services	Aged residential care services	Supported living services

The numbers of subsector and roles that identify as part of community and social services is vast, overlapping into health, disability, mental health & addiction and aged care. Each group may have a niche support workforce with particular skills, or roles that merge across two or more services. Because of the multiple numbers of wellbeing roles with often unique dynamics and sometimes overlapping functions it is difficult to access data that represents all parts of the sector for either learners or employers. Some roles or sector parts may experience surges of growth while others may be more constant or decreasing. The workforce eco system is complex.

Data is arguably impossible to capture on a current basis, without understanding what future forecasts subject to government commissioning would look like. Data challenges for this sector are exacerbated by the inequities for consumer, learner and workforce disparities in collecting data for Māori, Pacific peoples, disabled people and tangata whaikaha. Note that most of these subsectors do not have a relevant ANZSCO code. Each of these groups have separate and overlapping funding and commissioning, and workforce dynamics.

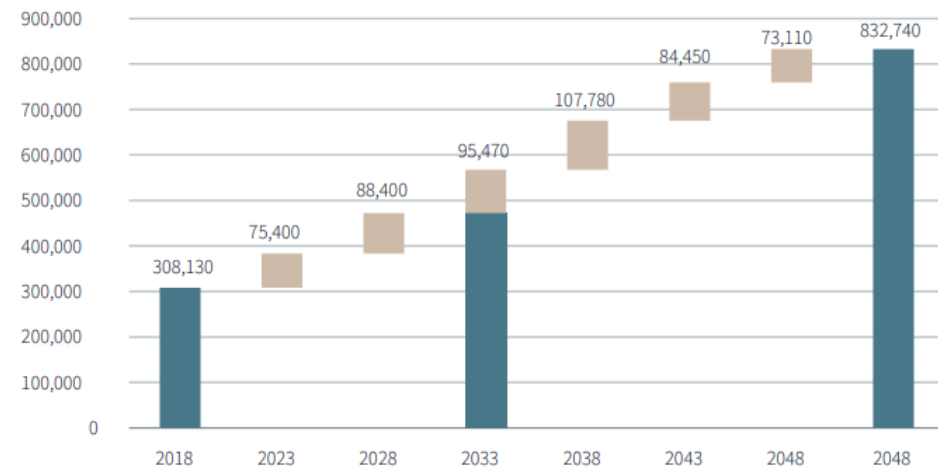
APPENDIX 11- Demographic Drivers – Older populations

By 2030, it is expected that 20 percent of New Zealanders will be aged 65 plus, compared with 16 percent in 2020. With an ageing population and growing burden of chronic disease we know that the demand for health services is going to grow substantially over the next decade.⁵³

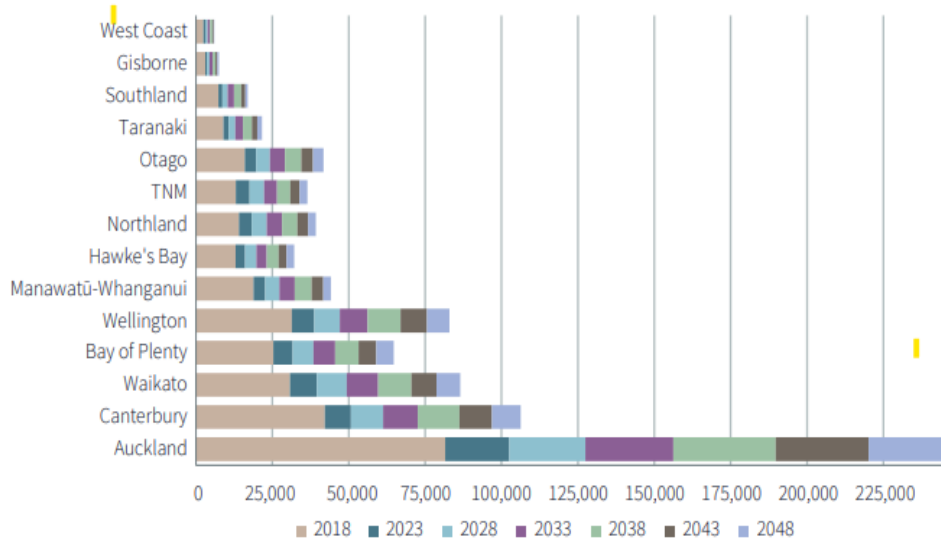
According to Statistics New Zealand, there were 308,140 people in the country in this age bracket in 2018. In 2023, this figure is expected to be 383,510, showing an increase of 24.5% in 5 years. By 2043, this key demographic is forecast to increase by 376,120 to reach 759,630, an increase of 98.1% in 20 years. The increase in population in this age bracket will continue to provide enormous demand for aged care.

This population shift will increase the Health and Wellbeing workforces supporting, aged care, disability, dementia care, palliative care, long-term conditions, mental health and addictions, and social services.

Growing number of New Zealanders in the 75+ age bracket



75+ years population by region 2028-2048



Source: JLL Research; Statistics New Zealand

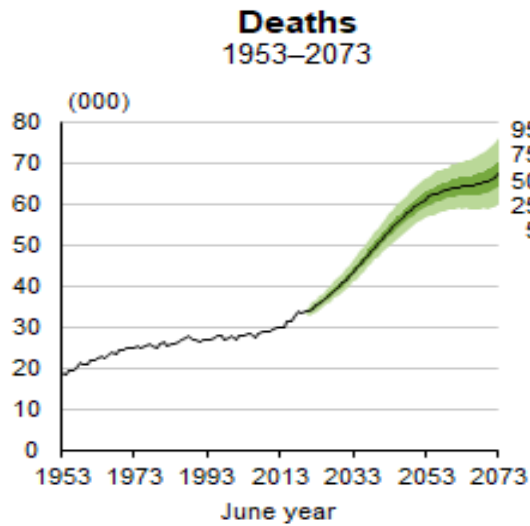
Note: TNM stands for Tasman, Nelson, and Marlborough

In five year time periods, the number of 75+ year New Zealanders increases until 2038 when growth numbers start to reduce.

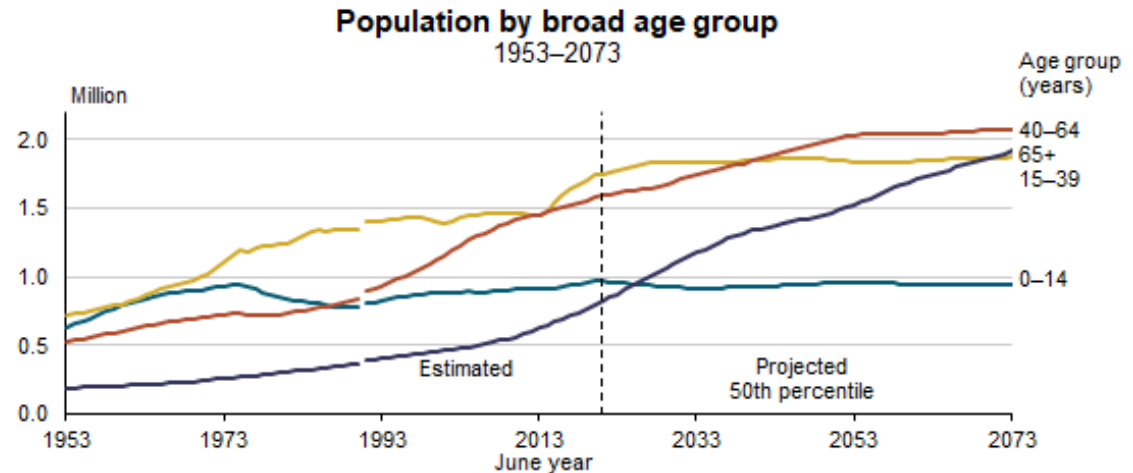
The impact of large populations in Auckland, Hamilton and Tauranga are likely to increase demand for retirement villages, aged residential care, assisted living and home & community supports in the “golden triangle”. It is estimated that by 2033 this area will equate to 46% of the total 75+ years population. When looking at forecast growth in the regions for the 75+ age group through to 2048, Nelson and Auckland are expected to have the largest growth. The lowest growth forecasts are for Southland and Marlborough.

⁵³ The case for change in the health system - building a stronger Health and Disability System that delivers for all New Zealanders Hon Andrew Little March 2021

APPENDIX 12- Demographic Drivers – More Deaths



Source: Stats NZ



Note: The break in data between 1990 and 1991 denotes a change from the de facto population concept to the resident population concept.

Source: Stats NZ

APPENDIX 13 - Enrolled as part of the nursing workforce - statistical overview

- › The Nursing Council of New Zealand registered nearly 8,250 nurses for the first time in 2023. This has been contributed to by the registration of more than 6,000 new internationally qualified nurses (IQNs). This is significantly more than have registered each year over the past decade
- › The total practising nursing workforce in New Zealand is 59,866 nurses, of which 2,456 are ENs, equivalent to 4.3% of the practising nursing workforce (NCNZ, 2020).

Health workforce plan 2023/24 (Te Whatu Ora - July 2023)⁵⁴

What is the gap: (pg.14)

- › We estimate that across Aotearoa the system is currently short, in FTEs around 4,800 nurses -7% of the workforce
- › In order to maintain current rates of staffing with expected population growth, we would need to increase anticipated training and recruitment pipelines in FTEs by 8,000 - 18% on top of current pipeline

Sums based on the data

- › That's a projected workforce increase over 10 years of 13,000 nurses⁵⁵ or a 33% growth
- › Based on the same growth we would expect to see the numbers of need another 560 over enrolled nurses over 10 years to support the need beyond what is expected.
- › This means heading to 2,280 enrolled nurses in 232 from a current estimate of 1,720
- › At average 70% completion rate we will need to have an average provision of at least 80 EFTs per annum for each year of 10 years.

Closing the gap (pg.22)

- › Nursing is our biggest single health workforce – with nearly 70,000 nurses holding APCs in New Zealand. This is a huge increase from just over 50,000 nurses in New Zealand in 2015; yet we still need more to meet New Zealanders' expectations for excellent care. At any given time, there are around 7,400 degree level nursing students in training, alongside a smaller cohort of enrolled nursing students.
- › Attrition in domestic training can be quite high; around 3 in 10 nursing students do not complete their training, this is higher for Māori and Pacific students. New Zealand has a very high proportion of internationally-qualified nurses (IQNs) in our workforce compared to other OECD nations.
- › Over the past five years we have seen an average increase of 3,900 new nurses receiving APCs each year. The growth in our current workforce being driven by international recruitment, which peaked at over 6,000 IQNs in the year to 30 March 2023

⁵⁴ https://www.tewhātuora.govt.nz/assets/Publications/Health-Workforce-Plan/FINAL-HEALTH-WORKFORCE-PLAN_3-July-2023.pdf

⁵⁵ [Government launches health workforce plan; nearly 13,000 extra nurses and over 5000 doctors needed within a decade - NZ Herald](#)

APPENDIX 14 - Enrolled Nursing Students and EFTs

From the enrolment and EFT data provided in two responses to Official Information Act Requests we can conclude that:

- › Numbers of Enrolled nurses enrolled in training are increasing
- › Enrolled nurses in training are increasing faster than registered nurses in degree based training albeit still at enrolled compared to registered nursing in the last 2-3 years.

- › 2020 – 16% greater proportion of enrolled nurses studying compared to registered nurses
- › 2021 – 8% greater proportion of enrolled nurses studying compared to registered nurses
- › 2022 – 17% greater proportion of enrolled nurses studying compared to registered nurses

- › This may indicate that enrolled nurses may need a greater provision than the current proportions of nursing workforce would indicate

Table 1: Students and equivalent full-time students (EFTS) enrolled in New Zealand Diploma in Enrolled Nursing (Level 5), 2020-2022

Provider	Students			EFTS		
	2020	2021	2022	2020	2021	2022
Ara Institute of Canterbury	70	80	90	45	60	65
Universal College of Learning (UCOL)	20	20	50	10	15	30
Manukau Institute of Technology	125	190	220	80	115	140
Northtec	30	55	85	20	35	55
Otago Polytechnic	35	40	60	25	30	40
Whitireia Community Polytechnic	40	75	110	30	45	75
Southern Institute of Technology	30	30	25	15	15	15
Waikato Institute of Technology	110	150	135	70	95	80
Total	460	645	780	295	420	500

Source: Response to Official Information Act Requests

12 October 2023	Diploma of Nursing enrolments and EFTS	1318211 Response [PDF, 261 KB]
3 November 2023	Nursing and Midwifery statistics	1318726 Response [PDF, 214 KB] 1318726 Appendix A [XLSX, 42 KB]