Chapter 8

Developing a Culturally Competent Workforce that Meets the Needs of Pacific People Living in New Zealand

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ABSTRACT

This chapter provides an overview of innovative Pacific workforce development initiatives. Pacific people have higher rates of mental illness, substance abuse, and suicide attempts, as well as lower rates of service access compared to New Zealand’s general population. Pacific families also tend to have high and complex mental health needs, traditional cultural worldviews that are different from the dominant western mental health paradigms, and a workforce with severe under-representation of Pacific people. National non-government organization (NGO) Le Va, was established to reduce ethnic disparities in the access to, and quality of mental health and addictions services, through a targeted workforce development strategy to achieve better outcomes for Pacific people. This chapter specifically describes three of Le Va’s programmes designed to increase Pacific workforce capacity and capability, and cultural competency of the “mainstream” workforce. These include cultural competency training, effective upskilling and growth through scholarships and support, and leadership development.

INTRODUCTION

This chapter marks the first documented overview of New Zealand’s first and only national Pacific mental health and addiction workforce development programme. The objective is to describe how the not-for-profit organisation, Le Va, is addressing the challenges of over-representation of Pacific people with mental illness and addiction issues through workforce development solutions. In order to do this,

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context is required to give perspective of the historical issues, current social, economic and health profile, and potentially contrasting cultural worldviews of health and well-being.

I am not an individual,
I am an integral part of the cosmos.
I share divinity with my ancestors, the land, the seas and the skies.
I am not an individual because
I share a tafi with my family, my village, my nation.
I belong to my family and my family belongs to me.
I belong to my village and my village belongs to me.
I belong to my nation and my nation belongs to me.
This is the essence of my sense of belonging.
Tui Atua Tupua Tamasese, (2002)

BACKGROUND

Pasifika People in New Zealand

As tāngata whenua (people of the land), Māori are the first settlers, and indigenous to Aotearoa, New Zealand. As Polynesian cousins, the distinct considerations afforded to Māori are firmly embedded and recognized in Pacific health processes. Under Article 3 of the Treaty of Waitangi, Māori are guaranteed and entitled to equitable health-related access and outcomes when seeking health care services (Durie, 1998).

Pacific populations hold special relations in New Zealand not only through shared Polynesian whakapapa (ancestry) to Māori, but through strong government relationships and moral obligations between New Zealand and its neighboring countries in the South Pacific. This unique relationship has been influenced by many factors such as: the historical relationships between New Zealand and Pacific nations; the geographic relationships and proximity between New Zealand and the Pacific homelands; the constitutional links that continue to exist between New Zealand and a number of Pacific nations; and New Zealand’s identity in the 21st century as a Pacific nation. These intersecting factors mean that the place of Pacific people, both individually and collectively, in New Zealand society, is unique, and that New Zealand has particular moral responsibilities vis a vis its Pacific people (Ministry of Justice and Ministry of Pacific Island Affairs, 2000). With a vibrant history of residing in New Zealand for over 150 years, Pasifika people now contribute to its international identity and economy in a significant way.

Health status is influenced by socio demographic factors for Pacific people in New Zealand. So it is important to highlight the history that has led to the over-representation of Pacific people in negative social indicators and determinants of health. The New Zealand government actively sought labor workforce recruitment from the South Pacific nations with chronic labour shortages due to the industrial boom periods between the 1940s and 70s. However, a downturn in the economy in the mid-1970s resulted in high unemployment amongst the waves of Pacific communities that had migrated. With jobs scarce, and Pacific people “taking New Zealander’s jobs”, Pacific people’s presence in New Zealand was racialized in a way that led to “overstayer” campaigns (illegal immigrants who have overstayed their