Core Competencies for the Preventing and Minimising Gambling Harm Public Health Workforce

Prepared for the Ministry of Health

HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

TE KAKANO
RUIA TE KAKANO, HEI ORANGA WHĀNAU

Stephanie Erick – Preventing and Minimising Gambling Harm Publich Health Workforce Development Infrastructure Services

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Aim of Report

The aim of this report is to provide background information to inform the development of a set of core competency statements specific to the Preventing and Minimising Gambling Harm Public Health workforce.

Method

The method involved a rapid literature review of existing New Zealand Public Health competency sets and the Public Health workforce development literature, interviews with key informants, and a survey of the PMGH-PHW Advisory Group and Provider managers.

Rapid Review of Literature

The rapid literature review highlights relevant information from the three competency sets (see below) and relevant literature on workforce development generally.

Existing and Relevant New Zealand Competency Sets

Many different sets of competencies have been developed to guide the practice of a variety of disciplines. Three existing sets relate to the PMGH-PH workforce:

- Public Health Competencies 2007: a broad set of generic competencies developed by the Public Health Association for use in all areas of public health. The 2007 Generic competencies covered 12 topic areas. The topics were divided into two sub-sets: Public Health Knowledge and Public Health Practice.
- Health Promotion Competencies 2011: a practice-based framework developed by the Health Promotion Forum (HPF) is aimed at health promoters, but also relevant to other areas of public health. HPF competencies build on the generic competencies by describing what a health promoter should know and be able to do. There are three levels of competence ranging from 'entry level' to 'highly qualified' around nine clusters of practice.
- Health Promoting Schools Competencies 2011: a practice-specific set of competencies developed by Cognition, designed for use by the Health Promoting Schools (HPS), to standardise the frameworks used and enhance the HPS workforce. These competencies are 'the additional and specific knowledge, skills, values, behaviours and attitudes' (Disley & Ireland-Smith, 2011: p.43) required to work within the National HPS strategic framework.

Table 1. New Zealand Health and Public Health Related Competency sets

PHA Public Health Generic (2007)	Health Promotion Forum (2011)	Health Promoting Schools (2011)
Knowledge	1. Enable	1. Knowledge
1. Health systems	2. Advocate	2. Practice
2. Public health systems	3. Mediate	3. Problem solving
3. Policy legislation and regulation	4. Communicate	4. Commitment to achieving equality
4. Research and evaluation	5. Lead	5. Qualifications
5. Community health	6. Assess	6. Professional development
Practice	7. Plan	7. Contribution to networks
6. Treaty of Waitangi	8. Implement	
7. Across cultures	9. Evaluate and research	
8. Communication		
9. Leadership and teamwork		
10. Advocacy		
11. Professional development		
12. Planning and administration		

Learning Points of the Rapid Literature Review

- The guiding definition of competency in the literature is described as 'the ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specific contexts' (Bowen-Clewley et al, 2005).
- Subsequent definitions of competency in Public Health Competencies 2007 include that 'Generic competencies are the minimum baseline set of competencies that are common to all public health roles… 'Generic competencies prescribe the knowledge, skill and attitudes required for all public health practice at the baseline level…' (PHA et al, 2007: p.7-8)
- Public health competencies developed by HPF and HPS emphasise tertiary qualifications and assume that those coming into Public Health have a basic tertiary qualification.

- Experience is important and needs to be recognised – this was evident in the HPS consultation, e.g. ability to build relationships with stakeholders.
- The annual Te Kakano Needs Assessment was conducted in October 2014; 29 of 39 Public Health Kaimahi completed the survey. Twenty three of 29 respondents were aged 35 years old or older, and 18 of the 29 respondents had been in the workforce for three or more years.
- The Te Kakano Needs Assessment respondents were asked to identify their learning style. Mentoring and visual learning styles were rated the highest for the 29 respondents, and this should be taken into consideration when developing training and resources.

Rapid Literature Review Summary

Competency frameworks are the key to assessing the service delivery mechanisms of the sector. As a statement, they are intended to guide and influence practice. The intersection of these aspirations are shaped by dynamic forces, such as shifting health needs, educational training levels and the system of management in which they sit.

The strengths of the work undertaken to date indicates that the values and attitudes within competency frameworks should align with those subscribing to the competency sets. This highlights the need to design the competencies to fit the workforce for whom they are intended. This will ensure that the competencies and the standards they reflect are credible, relevant and useful in shaping service delivery practices.

Key Informant Interviews

Discussions with key informants who have extensive knowledge of public health and gambling harm minimisation were conducted for the Core Competencies; this included dialogue with representatives of Te Herenga Waka, John Raeburn, Peter Adams, Erika Langham (CQ University Australia) and members of Te Ngira - The Auckland Gambling Harm Collective.

The following section presents a summary of the key points from those discussions.

- Values and attitudes within competency frameworks should align with those subscribing to the competency sets. They have to be user friendly and a collaboration of shared value and meaning to the workforce.
- In terms of developing public health competencies, New Zealand has a challenging history. There have been positive developments, but it requires a committed work programme to bed them down. New Zealand has been slow and limited in terms of

progressing this for the community health worker sector. Movements in education impact on training pathways, and building a culture committed to learning for life is challenging when education costs so much.

- Tracking and profiling are essential to competencies; data collected needs to be non-identifying and protected.
- Gambling specific competencies will require the identification of training and qualification pathways that are seen as credible, relevant and transferable. Competencies can enhance sector practice and reduce the number of unregulated and unqualified health workers.
- The purpose of competencies could be to create standards and criteria that prepare the workforce to pursue higher qualifications. In doing so the workforce joins a regulated and qualified sector that directly benefits them (remuneration, increased employment opportunities) and their service users.
- Reflective practice and understanding the fundamentals of public health are essentials for this sector. However, challenges, such as blended FTEs, varied range of learning levels and styles, and the lack of a comprehensive profile of the workforce, remain.

Competency Statement Survey 2014

Eight draft competency statements were sent out to provider managers (n-10) and the MPGH advisory group members (n=7). The manager and advisory group were asked to review and revise the statements and identify the levels of rating for each competency.

- Provider managers had no revisions of statements, whereas the advisory group had revisions for seven of the eight draft statements.
- No advisory group members or provider managers *Disagreed* or *Strongly Disagreed* with the initial draft PMGH-PHW Gambling Specific Competency statements.
- Advisory group members and provider managers indicated they preferred a competency framework with three levels of rating for each competency.
- Assessment and competency monitoring is already of interest to some advisory group members.

Recommendations

- That the gambling specific competencies be designed to fit the workforce.
- That the competencies are piloted and concept tested at all levels.
- That the competencies are reflective rather than prescriptive.

- That the monitoring and profiling of the workforce is a key strength in building a competent workforce overall.
- That training inventories for those without any formal public health qualifications are developed and promoted extensively to the PMGH-PHW.

Core Competency Development

The Core Competencies for Preventing and Minimising Gambling Harm Public Health Workforce were developed, tested and refined with a utilisation focus. Based on consultation with Gambling Harm Public Health practitioners, public health academics and the existing Public Health Competency Frameworks (Health Promotion Forum, Public Health Association of New Zealand and Health Promoting Schools), a reflective practice and consensus building process has been employed.

The process underpinning the development of the Gambling Specific Competencies for the Preventing and Minimising Gambling Harm Public Health Workforce included the following steps:

1. A review of the literature on Public Health Competencies including existing Public Health Frameworks.
2. The development of an initial draft framework of competencies based on findings from the literature review.
3. A survey with the advisory group and provider managers on the draft framework.
4. Consultations with leading public health specialists who have advised and reviewed the development these core competencies.
5. Focus groups with the Gambling Harm Public Health workforce at the May 2015 regional trainings.

The report presents these competency statements as a set of knowledge and skills desirable for robust practice of public health by the PMGH-PHW.

The competencies are designed to serve as a starting point for practice, and organisations to understand, assess and meet training and workforce needs.

The core competencies can support the development of:

- job descriptions,
- workforce competency assessments,
- workforce development and training plans,
- performance objectives.

We hope the competencies will be used:

By the PMGH-PHW to:

- reflect on their strengths and weaknesses and identify professional development needs,
- assist with identifying those competencies that are important in any given situation.

By provider managers to inform their:

- understanding and expectations of competencies,
- judgements about the level at which staff are at and where they should aim for.

Core Competencies List:

- Leadership and Communication,
- Understanding of Sector and Community Relationships,
- Research and Evaluation,
- Planning and Administration Skills,
- Public Health Approaches to Harm Minimisation,
- Gambling Legislation and Regulation,
- Māori Health Models and the Treaty of Waitangi,
- Community Action and Diversity.

Alignment with Other Public Health Competencies

The following model identifies the connections and links for the Core Competencies for the Prevention and Minimisation of Gambling harm and existing Public Health competencies in New Zealand.

The Core Competencies are proposed as a complementary body of self-reflective training and assessment that can be linked to the Health Promotion Forum Competencies, the Public Health Association of New Zealand, and other foundation level certificates (PH Foundation Certificates offered by Tertiary Institutions, Health Promotion Forum and the Public Health Association).

Level 1		
Level 2		
Level 3	**PMGH-PHW Gambling Specific Competencies**	
HPF Competencies 2011	**Generic competencies 2007**	**PH Foundation Certificates**

- Modules and tools on the Te Kakano website are intended to resource the PMGH-PHW with a foundational set of skills and practices to achieve the various levels of the PMGH-PHW Gambling Specific Competencies.

The Core Competencies for the Prevention and Minimisation of Gambling Harm are designed to staircase into Level 4-5 Public Health qualifications.

Te Kakano has recently updated the training inventory of qualifications that are relevant to Public Health and Health Promotion (See Appendix 1).

How the Core Competencies List is Organised

The core competencies are modelled as a rubric. A competency rubric is a description of what performance looks like at different levels of effectiveness. These competency rubrics were deliberately designed for evaluative inquiry and reflective practice in the PMGH-PHW.

User-friendly competency rubrics are useful to support organisations and providers in initiating specific standards or expectations for all components of activities and outcomes of a service.

How the Core Competencies are Expressed

Each competency includes a description of a core concept and a set of practices required to achieve a particular level of competency. The core concept explains some of the knowledge, skills and awareness required for the competency. Each competency consists of three levels ranging from; Developing Competency, (Level 1) Consolidating Competency (Level 2) and Highly Effective Competency (Level3).

How the Core Competencies are Described

The core competency rubrics for the PMGH-PHW are written as statements of what is important in determining the quality of an activity or the level of success for a particular outcome.

As part of the rubric development, it was essential to gain a balanced meaningful assessment of the knowledge, skills and awareness being measured. Levels of performance are necessary to ***detect meaningful improvements*** in performance with respect to the activities and outcomes expected from a programme.

At the other extreme, ***a rubric that has too many levels can result in protracted, unfruitful discussions*** about whether a rating should be at one level or another. Although some initial disagreement and debate is to be expected when drawing on perspectives from different professionals, ***if consensus*** or ***near-consensus*** is consistently hard to reach, this is a sign that the weighting for some criteria need to be reset.

How the Core Competencies can be used to Guide Training and Development

The aim of the core competencies is to describe and define a common set of public health knowledge, skills and awareness relevant to reducing gambling harm. The core competencies are designed as part of a suite of tools and resources that can be used to identify training and development needs. A brief guide has been developed to provide a range of options and scenarios for individuals and organisations to test and apply the core competencies (See Appendix 2).

How the Core Competencies List will be Updated

Te Kakano and the Prevention and Minimisation of Gambling Harm Advisory Group will revise the list periodically to reflect changes in the scope of knowledge, skills and awareness needed for the Gambling Harm Public Health Workforce. This process will include discussions and input from a range experts in gambling harm reduction and public health.

Core Competencies for the Prevention and Minimisation of Gambling Harm

Rubric 1. Leadership and Communication

CORE CONCEPT: The PMGH-PHW are able to present information that is current, credible, and accurate. Able to deliver a range of workshops and empower communities to participate and lead community kaupapa. Kaimahi have the skills and ability to adapt information for a range of audiences or settings. The ability to motivate communities and individuals to take action to minimise gambling harm is clearly demonstrated.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**<u>All practices</u>** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • PMGH-PHW projects are community led and communicated regularly to stakeholders. • Consistently able to provide current and credible messages to the sector. • Able to demonstrate why adapting information for different audiences is important. • Respected as leaders in information and communication by the community. • Resources produced for projects exceeds all guideline requirements. • Demonstrates an in-depth understanding of community motivation and empowerment. • Able to map and present information clearly to others, i.e. submission process, gambling levy. • Able to utilise and keep up to date with new technologies and share these with the community. • Able to prioritise and sustain relationships over the life of multiple projects.
Consolidating Competency	**<u>All practices</u>** listed under ***'Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Information is gathered and updated regularly; reference to leading research is evident. • PMGH-PHW projects involve community and learning points are shared. • Information is useful and engaging for communities. • Relationships are strengthened and collaboration opportunities are developing. • Understands the importance of working **alongside*** communities (**not to or for).* • Has proven experience and knowledge of working with communities. • Community stakeholders feel they understand the core activities of the PMGH-PHW.
Developing competency	**<u>All</u>** of the following practices are evident: • Leadership and communication learnings are documented and reflected upon regularly. • Communication is peer reviewed and contains appropriate information. • Relationships are actively being built with a range of stakeholders. • Stakeholders are familiar with the PMGH-PHW role and what it entails. • Has 'entry level' knowledge and experience of working alongside communities. • Understands the core responsibilities of the role and its relationship to preventing and minimising gambling harm. • Able to work with a range of settings, and can motivate and engage others easily. • Able to deliver clear, credible and effective communication to key stakeholders.

Rubric 2. Understanding of Sector and Community Relationships

CORE CONCEPT: The PMGH-PHW work programme is inclusive, empowering and demonstrates collaboration with key stakeholders. Work approaches include key connectors in the sector and community spaces. Knowledge and awareness of sector systems is demonstrated, ability to translate sector concepts and practices to communities is evident. Sector and community shifts are monitored and responded to appropriately.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Connections to sector and community is evidenced in all activities of the work. • Able to read shifts in the sector and identify patterns to improve service delivery. • Identifies community needs and incorporates a relationship based approach. • Contributes to sector and community forums consistently. • Able to map and coordinate existing relationships in the sector and community for a range of projects. • Able to mentor and grow others in their understanding of sector and community relationships. • Understands the importance of responding to and summarising the feedback given by the community. • Advises sector and community leaders of relevant emerging trends and patterns.
Consolidating Competency	**All practices** listed under *'**Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Links with sector and communities are in place. • Aware of key processes and systems that operate within the sector. • Demonstrates knowledge and skills appropriate for sector and/or community. • Able to identify needs and develop a shared approach to meeting those needs. • Able to contribute to the sector at a regional and national level. • Able to negotiate and work across the sector on three or more projects. • Initiates and gathers feedback regularly from stakeholders. • Recognises the importance of growing relationships with sector and community. • Demonstrates knowledge and awareness of community trends early.
Developing competency	**All** of the following practices are evident: • Understands and has knowledge of key events in the sector. • Seeks advice and knowledge of sector relationships from peers. • Recognises the importance of building relationships. • Demonstrates the ability to learn from others and apply learnings quickly. • Has experience with community and sector on a relevant or similar issue. • Able to map basic concepts and systems relevant to the sector and community. • Understands the role of the *PMGH* sector infrastructure services. • Identifies a range of strategies and approaches to explain sector processes to peers.

Rubric 3. Research and Evaluation

CORE CONCEPT: The PMGH-PHW are able to understand gambling research findings to be able to interpret those findings into meaningful approaches for delivery into communities. Understands the value and application of research models and findings, advocates and is willing to be involved in the research process. Reflective practice is encouraged and supported in components of the PMGH-PHW activities. Research is shared and translated into key messages that influence practice.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Consistently demonstrates confidence with gambling research and evaluation findings. • Able to name a range of gambling research and evaluation networks that can support PMGH. • Identifies and describes leading gambling research and evaluation principles relevant to public health. • Able to advocate for PH focussed gambling research and suggest new gambling research areas. • Demonstrates an awareness of alternative world views and the impact this has on research. • Champions and supports peers to exchange learnings and improvements regularly. • Describes the principles of Evidence-Based Gambling Research and Evaluation Practice in the context of a public health harm minimisation approach. • Explains and understands the importance of criteria to guide project evaluations.
Consolidating Competency	**All practices** listed under *'**Developing Competency**'* are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Able to summarise gambling research and evaluation pieces. • Identifies gambling research and evaluation models that are relevant to their work practices. • Understands why evidence-based models are called evidence-based models. • Demonstrates and describes gambling research and evaluation approaches confidently. • Encourages others to give feedback regularly. • Recognises the importance of quality activities and measuring outcomes. • Maintains project documentation for reflection. • Identifies limitations and challenges to some aspects of the gambling research.
Developing competency	**All** of the following practices are evident: • Understands essential gambling research and evaluation terms. • Identifies key differences between gambling research and evaluation. • Able to access and engage peers on the value of gambling research and evaluation. • Commits to understanding and adopting gambling research and evaluation methods. • Can identify professional learning priorities in gambling research and evaluation. • Able to write activity and outcome chains confidently. • Demonstrates an open and reflective approach to their service delivery. • Project documentation is current and stored safely.

Rubric 4. Planning and Administration Skills

CORE CONCEPT: The PMGH-PH work programme is relevant and appropriate to the sector, is outcome based, adequately planned, and coordinated to a consistently high standard. Planning approaches are aligned to key priorities and clearly documented. Timeframes are realistic, S.M.A.R.T. and indicative of a collective impact approach.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Demonstrates flexibility in the face of change. • Has a positive outlook regardless of the challenges in implementing public health initiatives. • Shows the ability to manage multiple priorities without loss of composure. • Determines the appropriate allocation of time and resources for all projects. • Demonstrates the ability to foresee problems and prevent them by taking action. • Utilises analytical skills and a broad understanding of communities to effectively interpret and anticipate project needs. • Interacts with the sector and communities professionally at all times. • Promptly responds to requests in an accurate, credible and timely manner. • Exhibits sound judgment and the ability to make reasonable decisions.
Consolidating Competency	**All practices** listed under ***'Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Able to identify and utilise a range of planning models with communities. • Demonstrates the ability to manage project challenges. • Able to identify learning opportunities and skills needed for strong public health practice. • Projects are delivered on time and to budget. • Goals and milestones are completed on most projects. • Able to utilise and share analytical skills with others. • Maintains professional approaches with communities. • Able to share their planning and sector experience confidently with others. • Able to identify risks and reflect on their planning and administration practice.
Developing competency	**All** of the following practices are evident: • Understands the importance of documenting and describing processes, meeting milestones. • Demonstrates confidence with planning tools that are useful for projects. • Has experience in the planning and administration of projects, able to name activities and outcomes delivered in those projects. • Demonstrates connections and engagement with others to guide project outcomes. • Acknowledges personal strengths and challenges in planning and administration. • Understands the importance of working collectively. • Demonstrates flexibility in planning approaches relevant to their community.

Rubric 5. Public Health Approaches to Harm Minimisation	
CORE CONCEPT: The PMGH-PH work programme clearly aligns with Best Practice and Evidence Based Practice of Public Health. Work programmes indicate robust and consistent delivery of population level interventions. Learning communities and collective impact strategies are evident, civic participation in decision making is strong across all components.	
RATING	**DESCRIPTION/ASSESSMENT CRITERIA**
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Can identify local and regional decision making systems relevant to gambling harm reduction. • In-depth knowledge of international health agreements and movements related to public health. • Understands the humans right approach to public health. • Able to describe and illustrate successful public health approaches to communities. • Is informed of, and connected with, gambling harm reduction forums and functions. • Strong understanding of incidence and prevalence of gambling harm in communities. • Understands the foundations of health economics and how interventions are evaluated (QALYs). • Demonstrates knowledge of health and health inequalities in communities. • Protects and promotes population wellness strategies within all components of their service delivery.
Consolidating Competency	**All practices** listed under ***'Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Able to map health systems and explain this to others. • Has solid networks and relationships to progress gambling harm public health approaches. • Demonstrates knowledge of the decision making process for gambling. • Has engaged and built relationships with leaders in gambling related harm forums. • Understands the role of policy in robust public health. • Able to share and grow policy development with their community. • Demonstrates knowledge of disparities and the impact they have on community wellness. • Participates in a range of projects that grow public health leadership in communities.
Developing competency	**All** of the following practices are evident: • Has experience and practice in developing policy, skills and knowledge with others. • Understands the difference between population and personal health. • Has experience participating in community forums and projects. • Demonstrates a keen interest and desire to learn about health systems. • Able to name at least two international agreements that shape health and wellbeing. • Has an 'entry level' understanding of the determinants of health. • Can discuss and promote wellness strategies with their community. • Adopts a strengths-based and solution focused approach when working with communities. • Able to confidently present and summarize the fundamentals of public health to others.

Rubric 6. Gambling Legislation and Regulation

CORE CONCEPT: The PMGH-PHW requires knowledge, skills and awareness of the local and central government policies related to gambling. PMGH-PHW are able demonstrate knowledge, skills and awareness of government policies that impact on gambling activities locally, regionally and nationally. Kaimahi have established relationships and a proficient understanding of the role of the DIA and the staff assigned to their region.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Has proven capacity in advocating for gambling harm in public health policy development using a range of different mechanisms. • Demonstrates an understanding of the link between Prevention and Minimisation of Gambling Harm Public Health services and population health outcomes. • Seeks opportunities to engage in national policy development to minimise and prevent gambling harm across a range of sectors. • Active participation in policy consultations at a local, regional or national level are prioritised annually.
Consolidating Competency	**All practices** listed under *'**Developing Competency**'* are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Demonstrates the public health approach of The Gambling Act 2003. • Able to cross reference public health activities with relevant Ministry of Health objectives in the Ministry's outcomes framework. • Demonstrates understanding of healthy public policy development within communities. • Seeks to establish a working relationship with Department of Internal Affairs staff assigned to your region. • Can explain the following documents and the relevance they have to preventing gambling harm: o The Gambling Act 2003 (and its amendments); o Territorial Licensing Authority Policy documents: Local Government Act; Liquor licensing procedures; Local Government Act; Class 4 venue policies; Long Term City Council Plan; o Ministry of Health problem gambling publications; Strategic Plan & Service Plan; Rising to Challenge – Mental Health & Addictions Strategy Plan; KPMG Outcomes Framework for Preventing and Minimising Harm – Baseline Report.
Developing competency	**All** of the following practices are evident: • Demonstrates an awareness of the role and function of Department of Internal Affairs in the regulation of gambling activity in New Zealand. • Awareness of relevant sections of The Gambling Act 2003 that relate to minimising gambling harm. • Has an understanding of healthy public policy procedures and its impact on the health of local communities. • Demonstrates an awareness of the role and function of Department of Internal Affairs in the regulation of gambling activity in New Zealand. • Can identify gambling legislation relevant to the prevention of gambling harm. • Understands the process of healthy public policy and the impact it has population health outcomes.

Rubric 7. Māori Health Models and the Treaty of Waitangi

CORE CONCEPT: The PMGH-PHW work plan is influenced and informed by Kaupapa Māori approaches. Demonstrates knowledge and awareness of the impacts of colonisation and its relationship to current determinants of health. Work programmes demonstrate an active approach to supporting Māori participation in decision making processes that enhance the Prevention and Minimisation of Gambling Harm.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**<u>All practices</u>** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Able to describe and discuss a range of national and international agreements that impact on health. • Māori models of health implemented to reduce gambling harm in a community (at least three case studies). • Consistently demonstrates an active approach to reducing health equities for Māori. • Able to engage and lead others to adopt Māori health models where and as appropriate. • Understands the impact of colonisation and its relationship to current determinants of health. • Has a high level of knowledge about Māori health policy and can identify opportunities that directly reduce gambling harm for Māori. • Demonstrates a high level of knowledge and awareness of leading Māori theorists.
Consolidating Competency	**<u>All practices</u>** listed under ***'Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Understands the causes and responses to the Māori incidence and prevalence of gambling harm. • Supports and enables Māori participation in local and national decision to reduce gambling harm in Māori communities. • Able to work alongside and support Māori communities to develop local health models to reduce gambling harm. • Able to document and describe key learnings about engaging with Māori communities. • Understands the importance of reflecting on the quality of engagement and success of outcomes for Māori communities. • Understands the importance of accelerating Māori gambling harm reduction strategies in Māori communities.
Developing competency	**<u>All</u>** of the following practices are evident: • Describes essential Māori models of health confidently to others. • Able to identify key champions and kaupapa important to Māori. • Adopts a learning stance to using the correct pronunciation of Te Reo Māori. • Describes the policy challenges for Māori and identifies policy gaps or limitations. • Demonstrates and has experience with working alongside Māori communities. • Has knowledge of the diversity of Māori community and families. • Able to tailor information and co-design resources that can reduce gambling harm in Māori communities.

Rubric 8. Community Action and Diversity

CORE CONCEPT: The PMGH-PHW work plan supports and enables community participation. Work programmes recognise and remove barriers to participation for those most vulnerable. Projects are reflective of a range of interests and needs. Communities are involved with the content, design and delivery of the programme. Kaupapa are strengths-based and guided by evidence, understanding of a variety of cultural frameworks is demonstrated, e.g. Seitapu, Takarangi Competency Framework and the Asian Health Values "Cherry Tree" in the Te Kakano Public Health 101 E-book.

RATING	DESCRIPTION/ASSESSMENT CRITERIA
Highly Effective Competency	**All practices** listed under ***'Consolidating Competency'*** are evident, and ***a clear majority*** of the following practices under ***'Highly Effective Competency'*** are also evident: • Actively supports and enables community participation in service delivery. • Demonstrates that barriers are addressed and minimised to improve connectivity within communities. • Understands the role and function of community action in a wider public health context. • Able to build a range of projects that benefit a diverse range of communities. • Able to support and grow leadership in a range of kaupapa. • Service delivery emphasis is on quality and encourages community innovation. • Discusses in detail three successful community action models that reduce gambling harm. • Regularly reviews information on best practice engagement models with communities.
Consolidating Competency	**All practices** listed under ***'Developing Competency'*** are evident, and **most** of the following practices under ***'Consolidating Competency'*** are also evident: • Able to discuss the importance of community action confidently to others. • Understands the importance of diversity and community innovation when reducing gambling harm. • Adopts a reflective practice approach to their service delivery. • Contributes to enhancing community diversity in all aspects of service delivery. • Recognises and explains the importance of working with communities (local, regional, and national) to reduce gambling harm. • Promotes non-judgmental and inclusive community engagement strategies.
Developing competency	**All** of the following practices are evident: • Able to discuss diversity as a strength in reducing gambling harm. • Able to name strengths and challenges to diversity. • Able to connect to a range of community networks and the "movers and shakers" to help reduce gambling harm. • Demonstrates knowledge and skills to communicate with diverse communities. • Able to conduct community needs assessments and present information to communities. • Emphasis is on quality not quantity of engagement with diverse communities. • Community action models are mapped to need.

Key Considerations for the PMGH-PHW Competency Framework

The future directions for the PMGH-PHW Competency Framework align with a general trend towards professionalising the standards and practices of those working outside of the Health Practitioners Competence Assurance Act 2003. These competencies have been set up to address the gaps in the knowledge and skills of those working to enhance a public health approach for the prevention and minimisation of gambling harm in communities.

The following is a summary of the key considerations that will impact on the implementation and uptake of the PMGH-PHW Competency Framework.

- Pending changes to the specification or purchase units will need to be reflected in the finalised competency framework. This will ensure that the standards and practices identified are credible, current and accurate.
- Independent assessment and regulation of the competency framework is important, as this would create credibility and support from users on all levels. Not having independent assessment and regulation could impact on the way the sector engages with the competency framework and weaken the potential to structure and positively progress the workforce.
- Weaving capability development into the organisational culture is another key consideration in the application of the competency framework. Encouraging managers to be supportive of, and providing integration opportunities for skill development, is a vital component of optimising future service delivery platforms.
- There are benefits in having a flexible and responsive approach to training and development where a "learning for life" principle is fostered. There are positive implications for this, such as career progression, leadership in "systems thinking" and the awareness of the stair-cased training options that can increase employment opportunities in a range of sectors.

Literature reviewed:

- Te Kakano (2014) Preventing and Minimising Gambling Harm – Public Health Workforce Annual Needs Assessment
- Liz Bowen-Clewley, Greg Clewley (2006) Careers Pathways in Public Health, Stage One Project Report (revised) Competency International Ltd
- Hāpai Te Hauora Tapui Limited & Problem Gambling Foundation Public Health Handbook (2004)
- Disley & Ireland-Smith (2011)Health Promoting Schools: Core Competencies
- National Leadership Team on behalf of Ministry of Health (2014) Health Promoting Schools: Toolkit July 2014
- Health Promotion Forum of New Zealand (2012) Health Promotion Competencies for Aotearoa New Zealand
- Health & Safety Developments (2004) Public Health Workforce Development:
- Head, Morrison & Holland (2011) Integrated Competencies for Public Health Workforce Development
- Public Health Association of New Zealand et al (2007) Generic Competencies for Public Health Project: Report to the Ministry of Health
- Phoenix Research Report (2004) Public Health Workforce Development Research - Community Health Workers
- Competency Statement Survey 2014 [with provider managers and PMGH-PHW Advisory Group

Appendix 1

Category-1	Category-2	Provider	Qualification	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Course Duration (full time)
1. PH-Specific	1. Foundation	Massey University	Certificate in Public Health		-					1 year pt time
1. PH-Specific	2. Undergraduate	Otago University	Bachelor of Arts - Minor in Public Health & Major in Indigenous							3 years
1. PH-Specific	3. Postgraduate	Auckland University	Postgraduate Certificate in Public Health - can specialise in Māori,							6 months
1. PH-Specific	3. Postgraduate	Auckland University	Postgraduate Diploma in Public Health - can specialise in Māori or							1 year
1. PH-Specific	3. Postgraduate	AUT - Auckland	Post graduate certificate in Public Health							6 months
1. PH-Specific	3. Postgraduate	AUT - Auckland	Post graduate diploma in Public Health							1 year
1. PH-Specific	3. Postgraduate	Massey University	Post graduate Diploma in Public Health							1 year
1. PH-Specific	3. Postgraduate	Otago University	Postgraduate Certificate in Public Health							6 months
1. PH-Specific	3. Postgraduate	Otago University	Postgraduate Diploma in Public Health							1 year
2. HP-Specific	2. Undergraduate	AUT - Auckland	Bachelor of Health Science - Double Major Health Promotion &							3 years
2. HP-Specific	2. Undergraduate	AUT - Auckland	Bachelor of Health Science - Health Promotion							3 years
2. HP-Specific	2. Undergraduate	Unitech - Institute of	Bachelor of Health and Social Development (Health Promotion)							3 years
2. HP-Specific	2. Undergraduate	Unitech - Institute of	Bachelor of Social Practice (Community Development)							3 years
2. HP-Specific	3. Postgraduate	Auckland University	Post Graduate Certificate in Public Health in Health Promotion							6 months
2. HP-Specific	3. Postgraduate	Auckland University	Post Graduate Diploma in Public Health special focus Health							1 year
2. HP-Specific	3. Postgraduate	EIT - Eastern Institute of	Postgraduate Certificate in Health Science - Health Promotion							6 months
2. HP-Specific	3. Postgraduate	EIT - Eastern Institute of	Postgraduate Diploma in Health Science - Health Promotion							1 year
2. HP-Specific	3. Postgraduate	Otago University	Postgraduate Certificate in Public Health - Health Promotion							6 months
3. PH-Related	1. Foundation	SIT - Southern	Certificate in Social Services	-	-					1 year
3. PH-Related	1. Foundation	Waikato University	Certificate in Public Policy		-					6 months
3. PH-Related	1. Foundation	Waikato University	Certificate in Social Policy		-					6 months
3. PH-Related	1. Foundation	Whitireia Community	Certificate in Foundation Education (Social Sciences)							1 year

Category-1	Category-2	Provider	Qualification	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Course Duration (full time)
3. PH-Related	2. Undergraduate	Auckland University	Bachelor of Health Science - School of Population Health							3 years
3. PH-Related	2. Undergraduate	Waikato University	Graduate Diploma in Health Development and Policy							1 year
3. PH-Related	3. Postgraduate	Massey University	Post graduate diploma in Health Science (Environmental Health)							1 year
3. PH-Related	3. Postgraduate	Victoria University	Postgraduate Certificate in Public Policy							8 months
3. PH-Related	3. Postgraduate	Victoria University	Postgraduate Diploma in Public Policy							1 1/2 years
4. HP-Related	1. Foundation	Aoraki Polytechnic	Diploma in Social Services							34 weeks
4. HP-Related	1. Foundation	Open Polytechnic	Foundation Certificate in Injury Prevention - Te Aho Tapu							4 months
4. HP-Related	1. Foundation	Open Polytechnic	Diploma in Health and Human Behaviour		-					1 year
4. HP-Related	1. Foundation	Unitech - Institute of	Certificate in Community Skills							6 months
4. HP-Related	2. Undergraduate	AUT - Auckland	Graduate Certificate in Health Science							6 months
4. HP-Related	2. Undergraduate	AUT - Auckland	Graduate Diploma in Health Science							1 year
4. HP-Related	2. Undergraduate	Lincoln University	Bachelor in Social Science							3 years
4. HP-Related	2. Undergraduate	Lincoln University	Graduate Certificate in Social Science							6 months
4. HP-Related	2. Undergraduate	Lincoln University	Graduate Diploma in Social Science							1 year
4. HP-Related	2. Undergraduate	Te Wananga o Raukawa	Bachelor of Health Promotion, Sports and Exercise							3 years
4. HP-Related	2. Undergraduate	Te Wananga o Raukawa	Bachelor of Whānau Wellness							3 years
4. HP-Related	2. Undergraduate	Unitech - Institute of	Bachelor of Health and Social Development (Youth Development)							3 years
4. HP-Related	2. Undergraduate	WelTec - Wellington	Bachelor of Youth Development							3 years
4. HP-Related	3. Postgraduate	Auckland University	Postgraduate Certificate in Health Science - specialty in Youth Health							6 months
4. HP-Related	3. Postgraduate	EIT - Eastern Institute of	Postgraduate Certificate in Health Science - Child and Family Health							6 months
4. HP-Related	3. Postgraduate	EIT - Eastern Institute of	Postgraduate Diploma in Health Science - Child and Family Health							1 year
4. HP-Related	3. Postgraduate	Lincoln University	Postgraduate Certificate in Social Science							6 months
4. HP-Related	3. Postgraduate	Lincoln University	Postgraduate Diploma in Social Science							1 year
4. HP-Related	3. Postgraduate	WINTECH - Waikato	Postgraduate Certificate in Health and Social Practice							6 months
4. HP-Related	3. Postgraduate	WINTECH - Waikato	Postgraduate Diploma in Health and Social Practice							1 year

Category-1	Category-2	Provider	Qualification	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Course Duration (full time)
5. Hauora Māori	1. Foundation	EIT - Eastern Institute of	Certificate in Māori Studies							17 weeks
5. Hauora Māori	1. Foundation	Mauri Ora	Certificate in Hauora Māori							
5. Hauora Māori	1. Foundation	SIT - Southern	Certificate in Tikanga Māori							1 year
5. Hauora Māori	1. Foundation	Te Wānanga o Aotearoa	Certificate in Tikanga Māori							1 year

Appendix 2

The following is a brief description of some of the ways you can assess and test your knowledge, skills and awareness on the Public Health Core Competencies for Preventing and Minimising Gambling Harm.

The purpose of these competencies is to identify and assist the workforce to understand the core sets of knowledge, skills and awareness required to deliver a high quality public health gambling harm service.

There are three scenarios that will support the application of these Core Competencies: an individual self-assessment (checklist approach), a guided interview between managers and Kaimahi (rich dialogue approach) and a narrative method (portfolio approach).

The following description outlines each of the approaches and the type of Kaimahi suited for each approach.

Checklist Approach

This approach enables Kaimahi and others to understand the core knowledge, skills and awareness required of the role. This method involves selecting a competency domain that you are interested in and taking an educated guess of where you think would rate on the levels described within the competency. Once a level is selected, each of the criteria describing what is required is then assessed against a simple scoring guide.

Always = 1 **Sometimes = 2** **Never = 3**

Competency 1. Leadership and Communication:

Level of Assessment: Level 1 – Developing competency

Leadership and communication learnings are documented and reflected upon regularly	1
Communication is peer reviewed and contains appropriate information	1
Relationships are actively being built with a range of stakeholders	2
Stakeholders are familiar with the PMGH-PHW role and what it entails	1
Has 'entry level' knowledge and experience of working alongside communities	3
Understands the core responsibilities of the role and its relationship to preventing and minimising gambling harm	1
Able to work with a range of settings, and can motivate and engage others easily	1
Able to deliver clear, credible and effective communication to key stakeholders	2

The score given for each of the criteria will determine the level of success achieved within the competency domain. All criteria must be scored as ***Always*** to qualify as Achieved in each level of competency.

If you are not sure, or unable to make an estimate of where your knowledge, skills and awareness levels are, the checklist approach can be applied to the competency domain as a whole. This process will define the current range of knowledge, skills and awareness **and** identify the training and development areas needed within your work practice.

For example, if most of your skills are scoring ***Always*** in the Consolidating Competency level then this is where your knowledge skills and awareness levels are currently rated; the other criteria in this level that are scoring ***Sometimes*** or ***Never*** are the areas you need to improve on. The training modules for each competency domain are a perfect place to increase and strengthen your knowledge in those areas.

Ideal candidate: This method is suited to those new or with less than two years in the sector. The method is non-threatening and teaches the value of self-reflection. There is room to monitor and review progress over time, Kaimahi could report on this exercise and note any progress they make in the regular team meeting.

Rich Dialogue Approach

This approach uses interviewing and group work as a method of determining the level of competency for each domain. This approach utilises a facilitator who interviews a group with a schedule of questions that assist the group to make an assessment of where they are performing on each domain. The facilitator's role is to help the group identify what domain they are testing and then dig for confirming evidence that the knowledge, skills and awareness required for each level are as reliable and accurate as reported.

Rich Dialogue Interview Schedule

Group Questions	Competency
Suppose we wanted to have a highly effective [insert rubric name] in three years' time. Look at the elements in that top row of the rubric – how close (*or, how far away*) are we on each of those elements?	All Competencies
Where would you rate the service right now on all rubrics/this rubric? Why? Based on what evidence? *[Dig for both confirming and nonconfirming evidence.]*	Competencies 1&5
How closely does the evidence of other sources align? Where are the areas of disagreement or differences in perspective? Should they result in an adjustment of the rating on this dimension? *Why or why not?*	Competency 6

Personal Reflection	Competency
What elements of the competency are clearly visible in your work practices? At which level would you currently rate yourself? What evidence do you have to validate your decision?	All Competencies
What elements under the performance requirements are you strongest in? What element would you want to improve in the most? Name at least two other sources of data [see list of data sources] that can validate your decision?	Competencies 1&5
How closely does the evidence of other sources align? Where are the areas of disagreement or differences in perspective? Should they result in an adjustment of the rating on this dimension? *Why or why not?*	Competency 6

The key step for the facilitator is to ensure a shared understanding of what competency domain the group is assessing and allow the time and space for the "necessary conversations" about what knowledge, skills and awareness are backed by the evidence presented. These "necessary conversations" are the building blocks of a rich dialogue that enable the group (and individuals) to define and identify the depth of evidence required for each level of the competency domain.

The Rich Dialogue Interview Schedule is a range of questions that the facilitator can use with the group at the group level and the individual level. Ideally a session will involve a mix of the two levels of questions, where individuals discuss with others where they see themselves as a public health practitioner and where they see the organisation.

Ideal candidate: This method is suited to those with three or more years in the sector. The method supports skills development in facilitation, negotiation and understanding the importance of building evidence. This method can be run at Clinical and Public Health Regional Jams, and or/as an Organisational Quality Review Exercise.

Portfolio Approach

Guidelines to completing your portfolio

Developing your portfolio is a useful step in growing and increasing your skills in Public Health. It is flexible and responsive to the range of levels and interests participants want to be assessed on. There is no right or wrong way to complete a portfolio; the exercise involves collecting data that validates your competence in a particular domain.

A short narrative (200-300 words) is included to provide a summary of the data being presented as evidence. The possible sources of data for your portfolio include:

- presentations, narratives, & case studies;
- emails from stakeholders;
- contact logs, stakeholder engagement;
- project summaries, reports, evaluations;
- Ministry of Health six-monthly reports
- publications, press releases or pamphlets.

Getting Started

Reflect on your public health work practice against the eight core competencies, using the attached template. Write a short narrative or case study that demonstrates and presents evidence to support your competence across all domains.

Where you have identified areas of your practice that could be strengthened, please comment on these areas and include steps you could take to build competence in these areas. This could include revisiting the Te Kakano training modules for each competency domain, or identifying future training opportunities.

When completing your self-reflection please ensure that you:

- state your name, date of birth and the organisation your work for,
- write in the first person,
- maintain confidentiality by protecting people's identifying details,
- use single-sided A4 paper and 11 point font size.

SELF REFLECTION
OF THE EIGHT CORE COMPETENCIES FOR THE
PREVENTION AND MINIMISATION OF GAMBLING HARM PUBLIC HEALTH

Name:			
Date of Birth:		**Organisation**:	

Ideal candidate: This method is suited to those with four or more years in the sector. The method will test skills ranging from analysis to data collection and monitoring, and most importantly documentation (aka writing). Participants will need to possess a good command of writing and analysis to complete this self-reflection exercise. Participants who complete this exercise at the Highly Effective Competency for 7 of the 8 core competencies are ready for Level 4 - 5 qualifications in public health and/or health promotion.

Competency 1. Leadership and Communication:	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 2. Understanding of Sector and Community Relationships	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 3. Research and Evaluation	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 4. Planning and Administration Skills	Level of Assessment: HEC ☐ CC ☐ DC ☐

Competency 5. Public Health Approaches to Harm Minimisation	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 6. Gambling Legislation and Regulation	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 7. Māori Health Models and the Treaty of Waitangi	Level of Assessment: HEC ☐ CC ☐ DC ☐
Competency 8. Community Action and Diversity	Level of Assessment: HEC ☐ CC ☐ DC ☐