
Community Injury Prevention Workforce Education and Training Needs Analysis

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Executive Summary

Capacity building for injury prevention is one of the main challenges facing the injury prevention area today. The need is very obvious — injuries are a major global public health problem that has largely been overlooked.

(World Health Organisation, 2005)

Introduction

This report serves a four-fold purpose:

1. To provide an overview of selected relevant literature and activity which address community injury prevention workforce education and training development.
2. To communicate the findings from a needs analysis of the community injury prevention workforce's education and training development undertaken in May 2009.
3. To discuss a range of options and provide recommendations on future community injury prevention workforce education and training development.
4. To provide a reference resource for those involved in considering the above and other related development consultation.

This project stemmed historically from one of the recommendations in 'Workforce Training for Community Injury Prevention Practitioners' (2002), also known as the Morgan Report and from the New Zealand Injury Prevention Strategy (NZIPS) Implementation Plan (2008 – 2013).

The Community Injury Prevention Workforce Education and Training Needs Analysis (the project) was recommended by the Morgan Report as a necessary second step (the initial one being the development and implementation of the Foundation Certificate in Injury Prevention) to address the building of a pathway to better meet the evolving educational and training needs of the growing, multi-disciplinary, geographically widespread, and socio-culturally diverse community injury prevention workforce.

This report summarises selected literature, then discusses the findings and themes from interviews undertaken with key people in the injury prevention sector. The summary discussion incorporates information from these various sources. Lastly, recommendations are provided relating to the community injury prevention workforce and their future education and training.

The Project

The overall objective of the needs analysis was to gather together detailed and up-to-date information to help understand what those in the field of injury prevention considered was needed and feasible to progress education and training for those providing community injury prevention services. The needs analysis included:

- defining workforce development and the workforce to be targeted
- using a qualitative methodology, analysing information gathered in May 2009 from in-depth interviews with key informants involved with community injury prevention
- undertaking analysis of available quantitative and demographic data, and a limited review of literature and reports relevant to the development of the targeted workforce.

While there may be potential benefits from exploiting overlaps between community injury prevention and workplace health and safety practices, due to an already relatively well developed pathway for workplace health and safety practitioner education and training, and the perceived differences in the legislation, models and theory which inform their practice, it was decided that this project would be limited to a needs analysis of the education and training of those providing community injury prevention services.

The Context for Community Injury Prevention Education and Training Development

The term *community injury prevention practitioner* has often been used over recent years but is ill defined. It is generally understood to comprise regulated and unregulated professionals, and other practitioners who work to prevent injury from various mechanisms and in varied communities using a range of public and personal health and/or community development approaches to mobilise necessary resources and activity. It is also generally agreed that community injury prevention practitioners do not use the employer/employee relationship or workplace health and safety legislation to any great extent in what they do.

Currently the only formal qualification specific to community injury prevention in New Zealand is a three-day short course, the Foundation Certificate in Injury Prevention (FCIP). The Injury Prevention Network of Aotearoa New Zealand (IPNANZ) provides this New Zealand Qualifications Authority (NZQA) registered course. Evaluations of the FCIP have indicated that it is well regarded by those who have attended it, but there are concerns about its longer term sustainability due to its funding and delivery structure.

Varied reports prior to and after set up of the FCIP called for the establishment of a second step for further injury prevention-specific learning that meets the ongoing education and training needs of the workforce providing such services. A pathway or framework for injury prevention education and training development was also identified as desired.

Te Uru Kahikatea/The New Zealand Public Health Workforce Development Strategy (TUK), released in 2007, provides a comprehensive framework for public health workforce development, including education and training. Work undertaken in 2004 for TUK surveyed organisations and individuals providing community injury prevention services. As with much of the wider public health workforce, the community injury prevention workforce was found to be highly feminised (80% are women) and relatively well qualified, with most (84%) holding a tertiary qualification and a large proportion having a masters degree. Maori were less likely to have a tertiary qualification.

From the TUK survey, training and skills development were found to be important, alongside professional standards and good working relationships. Issues critical to increasing participation were identified as flexible delivery mechanisms, funding and employer support for further education and training for the mostly female workforce who carry many other life commitments, and this was particularly so for Maori practitioners. TUK work underway supports the development of Maori and Pacific public health workforce members.

No nationally agreed professional standards/competencies for injury prevention practice beyond those developed for the FCIP training were identified. A comprehensive suite of agreed competencies for injury prevention practitioners had been lacking internationally but alongside the soon to be released New Zealand public health competencies, the recently developed United States Injury and Violence Prevention competencies could play a role in the development of New Zealand competencies for injury prevention education and training programmes.

Key Findings from the Needs Analysis

Strong Identification with Public Health

The 30 people interviewed in this project in May 2009 perceived their work in a variety of ways but commonly, not as injury prevention. Injury prevention is often understood to be the desired outcome of their practice, and as with their multi-disciplinary counterparts overseas, many of those providing injury prevention services in New Zealand readily perceive their practice as oriented to public health, health promotion or violence prevention.

Alongside the nature of the qualifications they already possess, perceptions of their practice substantially influence choices in further education and training development. Many of those interviewed would like to see further education and training for injury prevention practice aligned to and located within public health/health promotion qualifications and faculties. A small number wanted stand alone injury prevention training.

Need for a Sustainable Development Pathway

Echoing other reports, analysis of the in-depth interviews indicated that there is strong agreement and desire for a clear pathway of education and training development for those providing community injury prevention services and that it should be:

- broad in the range of topics offered
- sustainable
- widely promoted, and
- highly relevant to but not necessarily limited to injury prevention.

In considering issues such as the relatively small size of the community injury prevention workforce and its very close identification and alignment to public health, interviewees thought that a pathway aligned to the public health development pathway and public health competencies (as further developed in the TUK) was both prudent and acceptable. All of those interviewed perceived a need for credible qualifications from recognised institutions, and to meet this, there was a very strong desire for any further formal education or training (and its related pathway) to be delivered by tertiary education organisations (TEO).

Questions were raised regularly by interviewees about the sustainability of the FCIP as it is currently delivered and funded. It was suggested that the transition to delivery of the FCIP from a registered training provider or tertiary education organisation could increase its sustainability and appeal, and afford it increased reach via wider, established education and training marketing channels.

Formal Papers and Qualifications

The needs analysis confirmed that there is support for the development of an injury prevention content specific paper or two and that there is little support for the development of a further specific qualification at under graduate or post graduate levels. Development of an injury prevention specific qualification at any level beyond that of the FCIP was not well supported, nor considered feasible.

The strongest preference was for one or two content specific papers to be developed as part of a broader public health-oriented qualification.

Many interviewees considered that existing papers, such as those offered in public health and health promotion were sufficient to help meet their (or their colleagues) practice development needs, and that promotion and recognition of these as relevant to injury prevention by some sort of an endorsing agency or relevant authority was desirable. The endorsing agency would need to use a suite of agreed injury prevention specific competencies, such as those developed in the United States, the NZQA competencies developed for the FCIP, or the New Zealand public health competencies, as a guiding framework for such educational endorsement.

In considering sustainability and the development of content specific papers as part of a broader qualification, suggestions were that this be offered two-yearly and/or in collaboration with an Australian tertiary education provider to increase support and to also maintain course quality. There was ready acknowledgement of the potential difficulty of developing such a trans-Tasman approach. Further feasibility studies would be required for both the development of an content specific paper and a pan-Australasian approach.

Informal Education and Training

A range of informal injury prevention specific and less specific development opportunities, such as conference attendance and short courses are highly valued for both their content learning and networking opportunities.

It was considered that the broad range of short courses and workshops on offer could be better coordinated and promoted by the key agencies that provide them, and that as much as possible their focus be aligned to the NZIPS priorities. If regularly provided, these could also be aligned with, and provide points towards established qualifications, award frameworks and profession-specific continuing education programmes to provide meaningful end-results beyond the informal course learning.

Leading and Coordinating Workforce Education and Training

A lack of clarity surrounds whose role it is to take injury prevention education and training development forward, both strategically and operationally. The Ministry of Health (MoH) which leads the TUK and the New Zealand Injury Prevention Strategy (NZIPS) Secretariat hosted by the Accident Compensation Corporation were both mentioned as being appropriately positioned to adopt the strategic leadership responsibilities. Also, the role of the Tertiary Education Commission (TEC) and its role in funding and provision of an education sector interface on behalf of the workforce is not well understood by many practitioners.

Many of the issues raised in this report are being addressed on behalf of the broad public health workforce (to which many community injury prevention practitioners feel they belong) by the MoH in leading the TUK. It is highly likely that any further injury prevention workforce development activity would benefit from closer and regular consultation with the MoH, and consideration of alignment of any further workforce development wherever possible with the TUK work plan.

With some capacity and capability caveats, the non-governmental agency, IPNANZ was the agency most commonly noted as potentially leading any future rationalisation, and operational coordination and development work on formal and informal short courses and other development opportunities specific to injury prevention.

It was suggested that there are considerable benefits in IPNANZ, the Public Health Association and the Health Promotion Forum working together to coordinate a calendar of the various closely related short courses and other development events, such as conferences.

Recommendations

1. The New Zealand Injury Prevention Strategy Secretariat create, or utilise already planned, events to further explore and discuss the benefits and acceptability of closer alignment of injury prevention with public health workforce education and training development, including:
 - Inviting the TUK project staff to present to the NZIPS Stakeholder Reference Group.
 - Schedule consultation workshops on the findings of this report.
 - Explore the usefulness of specific injury practitioner competencies versus public health competencies as the basis for further education and training development.
 - Compare the benefits and risks of pursuing the TUK education and development pathway with a separate injury practitioner pathway.
 - Examine which agency is best suited to 'owning' and progressing strategic injury prevention education and training development.
2. Dependent on the outcomes from the above, align and insure a good fit of the proposed Education and Training Development Plan (2009 – 2011) with the TUK work plan.

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3. Investigate mechanisms to develop a sustainable undergraduate and/or post graduate level paper in injury prevention aligned to or part of public health or health promotion qualifications, and delivered in a way that is suited to the largely female make-up of the community injury prevention workforce.
 4. Fund and support the national coordination and promotion of informal injury prevention education and training courses and events.
 5. In consultation with IPNANZ, develop a plan to gradually transition the FCIP to a suitable TEO/ITO over the next five years.
 6. In conjunction with the TUK, examine the adequacy of public health and injury prevention scholarships and other support for Maori and Pacific workers to attain qualifications relevant to injury prevention.

2 Background to the Project

2.1 The New Zealand Injury Prevention Strategy

The New Zealand Injury Prevention Strategy (NZIPS, the Strategy) is the national framework for the injury prevention activities of New Zealand government agencies, local government, non-government organisations, communities and individuals. The Strategy communicates the Government's vision for a New Zealand where more people can live free of injury while continuing to lead active and challenging lives.

The Strategy is also designed to aid in focusing injury prevention efforts and resources 'by providing a clear direction to the range of agencies, organisations and communities which have either a direct involvement, or a contributory role to play, in injury prevention activity in New Zealand'.

One of the ten objectives of the Strategy, Objective 2 is to 'strengthen injury prevention capacity and capability'.

2.2 The Project

In the NZIPS Implementation Plan (2008 – 2011) a priority result for Objective 2 is 'the capacity and capability of the injury prevention workforce are increased through education and training programmes'.

The expected action under this priority result area is to:

'undertake training needs analysis across the injury prevention sector for practitioners in government agencies, NGOs and communities' and that the action will include:

- Referencing the *Workforce Development and Training for Community Injury Prevention Practitioners* needs study. (sic)
- Scoping the range and training needs in consultation with national NGOs, community coalitions and government agencies.
- Identifying current and future training needs to support the NZIPS and priority area goals and objectives.
- Consulting across the injury prevention sector on the results of the scoping study.
- Developing a workforce training and development plan for 2009 – 2011.'

(NZIPS Implementation Plan 2008 – 2011, page 17)

To progress this action, in February 2009 the NZIPS Secretariat set up a project and contracted Alistair Mac Donald to do a needs analysis for the community injury prevention workforce's education and training. This is a report of the result of the needs analysis, which was largely undertaken during May 2009.

2.3 The Morgan Report

A document that influenced the content of the NZIPS implementation plan related to injury practitioner workforce education and training development is the 2002 report titled 'Workforce Training for Community Injury Prevention Practitioners' authored by Cherry Morgan. It was commissioned by the Injury Prevention Network of Aotearoa New Zealand (IPNANZ) to identify training opportunities in the sector.

This report, commonly referred to as 'The Morgan Report', found that opportunities for such training were minimal at that time. The report recommended that key injury prevention organisations, including government agencies, collaborate and progress workforce development and training.

The Morgan Report states that:

'Professional education and training is essential if the injury prevention workforce is to be an effective and primary resource for reducing the burden of injury in New ZealandThe capacity and expertise of the community injury prevention workforce will be one of the keys to its <NZIPS> successful implementation.'
(Morgan, October 2002).

Progress has been made in enacting Morgan's recommendations, including the development and operation of a Foundation Certificate in Injury Prevention (FCIP) by IPNANZ. However, many individuals and agencies involved in injury prevention consider community injury prevention workforce training and education to still be a development priority and an ongoing issue seven years after the release of the Morgan report.

This report aims to progress the ongoing development of a planned approach to education and training development for community injury prevention practitioners.

2.4 Scope

In 2005, the World Health Organisation (WHO) stated 'engaging with injury prevention is inherently challenging', due in part to what the WHO saw as an historic international neglect of injury prevention as an issue, and perhaps also due to the complex make up and capacity development needs of the workforce(s) concerned to varying degrees with injury prevention.

Reflecting the diversity, number and complexity of the services, institutions and disciplines involved in injury prevention, development of the project scope and acceptable working definitions for the project required considerable consultation before agreement was reached.

Both New Zealand and overseas literature indicates that while some are solely involved in direct injury prevention activity, many of those working 'in injury prevention' are concerned with the issue of injury prevention in an indirect way, and others in a more direct way but as part of a role which encompasses a portfolio of other responsibilities.

Potentially, this project could have considered not only broad workforce development issues but also the needs of any person or agency concerned to a greater or lesser extent with: health; health and safety; injury; occupational and non-occupational gradual process diseases; public health; health protection and promotion; recreational activities and sport; general and specialist medical practice; nursing and midwifery; injury rehabilitation; occupational health and safety; alcohol and drug dependency, treatment and addictions; mental health and mental health promotion; emergency and surf life rescue; policing, anti-terrorism and crime prevention; victim support, social work and child protection; violence and suicide prevention; elder care and abuse prevention; community development; ergonomics and environmental design or planning, and a plethora of other professional, quasi-professional, community or advocacy domains.

It was not feasible, given resource and time constraints, for the project to address the needs of such a large multi-disciplinary workforce as that outlined above. Nor was it possible to examine their wider *workforce development* requirements.

Instead it was decided to limit the project to the requirements of 'community injury prevention practitioners' which aligns it with the Morgan Report recommendation for the undertaking of a 'comprehensive needs analysis of community injury prevention practitioner's training and development'.

The Morgan Report explicitly focused on, and utilised the terminology, 'community injury prevention workforce'. While the terms *injury prevention workforce* and *community injury prevention practitioner* are used on a day-to-day basis by many local practitioners, during the early consultation phase for the project, when asked to explain what was meant by these terms, many differing views were provided. No internationally accepted definition of this phrase was identified during this project.

As such, a clear definition of the community injury prevention workforce or community injury prevention practitioner, and agreeing and limiting the scope of the meaning of 'workforce development needs analysis', were also considered key if the project was to avoid duplication of other related efforts and to minimise potential misunderstanding about the purpose of the project.

2.4.1 Defining the 'Community Injury Prevention Workforce'

The work of Wren and Calvert (2002) as cited in the Morgan Report defines and then segments practitioners of injury prevention in the following way:

'<injury prevention> Practitioners include those working in both community injury prevention and occupational workplace health and safety settings. Both groups require different expertise, knowledge and skill

(Morgan 2002, Page 7)

With this broad distinction, Morgan further states: 'This report focuses on workforce development for community injury prevention practitioners'.

From this, we have a definition of the community injury prevention practitioner as those engaged in injury prevention activity that is not concerned directly or indirectly with occupational/workplace health and safety, nor concerned with the operation of requirements of workplace health and safety legislation.

The rationale for exclusion of the occupationally focused workforce was due to their operating in a sufficiently different and comparatively well organised, and well established policy and legislative paradigm to that of 'community injury prevention'. (While legislation mandates and sets parameters and a pathway for its training and education needs, this does not mean that workplace or occupationally oriented workforce education and training could not also bear future review, research and improvement, and the potential for synergies with other injury practitioner workforce education and training explored.)

Morgan helps clarify and cement her definition of the 'community injury prevention workforce' or a community injury prevention practitioner, by further stating;

'Community injury prevention practitioners work within a community setting. They include:

- those with designated explicit injury prevention roles – both in the government and non government sector
- those with injury prevention as only one aspect of their role (e.g. a public health nurse)
- community groups/members who are involved in organisations /programmes that provide injury prevention.'

(Morgan 2002)

While it is acknowledged that there are issues with the definition, for the purposes of this project, a pragmatic definition of the *community injury prevention workforce* is that it comprises 'practitioners concerned to a greater or lesser extent with any form of injury and injury prevention that is not considered to be occupational in nature'.

2.4.2 Defining 'Workforce Development'

In 2002, Jacobs¹ noted that there had been limited discussion to that point about the meaning of workforce development and its implications. For this project a clear definition was needed.

While some literature defines workforce development broadly to encompass education and training, Jacobs notes it is also used to refer to other business activities such as orientation to work, recruitment and retention, placement, mentoring, and even follow-up counselling and crisis intervention. However, Giloth's work (2000)², taking as its central focus job training and education for workers rather than a broader range of human performance and planning interventions, was chosen as more useful to the scope of this project.

The core of Giloth's definition is about 'employment training, but involves deep employer and community involvement in networks that support both integrated human services as well as industry driven education or training'. This truncated definition, with its training and educational focus and community networking dynamic is considered to better fit with the work recommended in the Morgan Report:

That IPNANZ undertakes a comprehensive workforce training needs analysis. The analysis needs to establish whether a specific injury prevention course is viable and sustainable.

- A clear picture of the workforce's current skill levels is required to ascertain the workforce's training needs.
- Some key stakeholders consider 'one off' training as a short term solution and suggest there is a need for a specific injury prevention qualification. It is unknown if such a course would be viable and sustainable as demand is unknown. Evidence of the demand for a new course is required in order to obtain approval to develop a new qualification.
- Experience has shown that it is difficult to obtain accurate information from a training needs analysis. For example, survey results may support a specific injury prevention course, however, key factors such as course fees, location of delivery, time out of work required and organisational support all impact on the number of course enrolments.
- A comprehensive training needs analysis (including analysis of organisational financial support to attend training) needs to be undertaken. Results will inform long term workforce development planning. (Morgan 2002, Page 40)

After researching relevant available workforce development literature and activities, it was decided that the activity already progressing under *Te Uru Kahikatea/The Public Health Workforce Development Plan* is comprehensive and highly relevant to the injury practitioner workforce, and as such, likely to address the broader development issues faced by and provide benefits to injury prevention practitioners.

Therefore, it was decided that a specific and limited focus on the development of *education and training* for community injury prevention practitioners was warranted for this project.

¹ Jacobs, R., & Hawley, J. (In press). Emergence of Workforce Development: Definition, Conceptual Boundaries, and Implications. In R. MacLean & D. Wilson (eds.), *International Handbook of Technical and Vocational Education and Training*, Amsterdam: Kluwer.

² Giloth, R. P. (2000). Learning from the field: Economic growth and workforce development in the 1990's. *Economic Development Quarterly*, 14(4), 340 - 359.

3 Workforce Development Initiatives

This section provides a summary and discussion on selected contemporary work, including strategic plans, activity reports and research, considered potentially helpful for future work on the development of an injury practitioner workforce education and training development plan.

Due to the large amount of material available, wherever possible, documents or issues considered either directly related (or of considerable pertinence) to injury practitioner education and training development in the New Zealand context have been prioritised.

The WHO noted in 2006 that health workforce development has become a major concern and policy issue in recent times. As a result, there is a rapidly expanding body of international literature and activity, particularly for *multi-disciplinary* workforces, which provide varied views, definitions of, and models or approaches to workforce development, and why it is needed or considered important. As a result of this work there has been gradual convergence of understanding about the complexity of workforce development, why it is needed and what good workforce development comprises.

Public health has been defined as 'the organised efforts of society to keep people healthy and prevent injury, illness and premature death'. As such, the public health workforce includes those professionals and others who are engaged in undertaking work in these spheres of activity.

Much of the recent international public health workforce development literature helpfully concerns itself with significant development activity coming from New Zealand, Australia, Canada, the United States and the United Kingdom. A number of these initiatives provide models or tools to define and guide the growing practice of, and evidence informed approaches to, workforce development and focus directly or indirectly on injury prevention.

This project revealed that many of those providing community injury prevention services identify strongly with or have qualifications in, and professional linkage to, the practice of public health. Therefore consideration of public health workforce development initiatives has pertinence for the development of the workforce involved in community injury prevention.

3.1 Te Uru Kahikatea/The New Zealand Public Health Workforce Development Plan

After a number of years of research, in 2007 the New Zealand Ministry of Health (MoH) released Te Uru Kahikatea/The Public Health Workforce Development Plan 2007-2016 (TUK). Recognising that the public health workforce was under stress from a range of significant challenges (including an ageing population, continuing inequalities in health status, new and re-emerging global diseases), a more strategic and coordinated approach to the development of the public health workforce was considered necessary if the challenges were to be better addressed.

The vision of TUK is:

Inequalities will be reduced and the health of all peoples in New Zealand will be improved through public health and societal strategies that are:

- Delivered by a properly configured, responsive, well trained and competent (including culturally competent) workforce.
- Strengthened with core public health skills and knowledge.
- Supported by infrastructure and workplaces that actively encourage and develop the public health workforce'.

It is expected that implementation of the TUK over a number of years will ‘build a whole-of-sector systems approach to public health workforce development’ and that it would build on existing, or prior, related work and create inter-sectoral linkages.

3.1.1 TUK Discussion

The TUK considers many issues in developing a comprehensive approach to public health workforce development. Due to the considerable overlaps and close alignment of public health with injury prevention, all of the work of TUK is likely to hold strong relevance and importance to the development of education and training for agencies and individuals providing community injury prevention services.

Two themes contained within TUK have particular pertinence to injury practitioner education and training.

Theme: Education and Training

- The theme sits under ‘Goal 1: Develop an effective and sustainable public health workforce’.
- Sitting alongside this theme is Objective 1: Establish an integrated, stair-cased framework of training, qualifications, and ongoing education in public health’.
- Objective 1 has six ‘Actions’:
 - 1 Develop and implement generic public health competencies across the public health workforce to provide a common framework for professional development and a foundation for skill development across specific public health issues.
 - 2 Integrate generic public health competencies into professional development, education, training, and workforce planning.
 - 3 Progressively develop and build commitment to a national training and qualifications framework, including building relationships with the Tertiary Education Commission and tertiary education organisations.
 - 4 Progressively fill the gaps in the availability and appropriateness of training at all levels. As a priority, progress the development of a nationally available public health qualification in public health.
 - 5 Progressively address the barriers to the accessibility of public health training.
 - 6 Lift the capability of the public health workforce to lead health sector and community action to promote and improve health and reduce inequalities. This will be done by developing a systematic approach to improving leadership capability of the public health workforce through increasing or extending access to leadership programmes, mentoring and scholarships.

Theme: Public sector professional development

This theme is also of considerable relevance to the development of injury prevention education training development. It sits under ‘Objective 4: Build Infrastructure for public health professional development’. Actions relating to Objective 4 include:

- Support the development of a multi-disciplinary collective approach to public health workforce development across professional boundaries.
- Establish (where they do not already exist) professional development mechanisms for key public health workforce groups to lead professional development, develop competencies and standards, and achieve external recognition; in particular:
 - Support the development of groups/mechanisms to lead the professional development of health promotion and health protection workforces.

-
- Work with leaders/stakeholders for public health nurses, community health workers and other public health disciplines to identify ways of supporting the professional needs of the respective workforce groups.
 - Investigate options for an industry-wide approach or body to manage public health professional and sector development.
 - Support key professional/occupational groups to develop professional competencies (which are built on the public health generic competencies) that strengthen discipline-based and inter-professional career pathways, and recruitment and retention strategies.

The work of the TUK concerns the development of community injury prevention practitioners as part of a larger multi-disciplinary public health workforce, and the solutions proposed via the plan of work under TUK could be considered appropriate to align more closely to and support.

3.2 Development of Injury Prevention Competencies

The need for fundamental competencies to guide future infrastructure development (including education and training) is widely accepted as vital to distinguish company, business or professional expertise, and they are considered 'critical to the long term growth' of such entities. The development of core competencies is thought to provide a systematic process that ensures that professionals develop the necessary competencies and that these also allow for assessment benchmarking of professional practice capacity and development.

Internationally, there are initiatives concerned with the development of competencies for injury prevention workers, and to-date it appears these are not too different from those identified for public health practice.

Work under Objective 1 of the TUK and led by the Public Health Association of New Zealand has been concerned with the development of core competencies for public health practice in New Zealand. The release of the New Zealand Public Health Competencies is due in August 2009 (personal communication MoH, July 2009).

A number of health service and public health practice core competencies sets have already been identified or developed internationally. For example,

- In the United States, injury prevention competencies (as outlined and discussed below) have been published.
- A broad set of competencies for 'direct community injury prevention workers' was identified in Australia in early 2002. These competencies recognised that 'injury prevention specialists are invariably required to achieve program outcomes through the application of a mix of other (mostly indirect) workers' contributions'. The competencies appear to not have progressed beyond their identification and publication in a now rescinded discussion paper.

At a more mature stage of development, in the United States several sets of core competencies were planned to promote training and development in specific fields of injury and violence prevention. With a focus on enhancing injury and violence prevention training efforts, essential competencies for injury and violence prevention were identified by the United States National Training Initiative for Injury and Violence Prevention (NTI). This work brought together the expertise of members from disparate disciplines: state-based public health injury and violence prevention practitioners and academic-based educators. It resulted in a consensus across the field of injury and violence prevention on which skills and knowledge were considered critical to success in practice, in other words 'what do injury and violence prevention professionals need to know to be effective'.

Nine competencies are considered 'essential' and address public health significance, data, the design and implementation of prevention activities, evaluation, programme management,

communication, stimulating change, and continuing education. An outline of the core competencies is provided in Table 1 below.

| Table 1. Core Competencies for Injury and Violence Prevention USA | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Competency 1 | Describe and explain injury and violence as a major social and health problem |
| Competency 2 | Access, interpret, use, and present injury and violence data |
| Competency 3 | Design and implement injury or violence prevention activities |
| Competency 4 | Evaluate injury or violence prevention activities |
| Competency 5 | Build and manage an injury or violence prevention program |
| Competency 6 | Disseminate information through diverse communication networks |
| Competency 7 | Stimulate change through policy, enforcement, advocacy, and education |
| Competency 8 | Maintain and develop competency as a professional |
| Competency 9 | Demonstrate competency in an injury or violence prevention topic |

3.2.1 Competencies Discussion

The stated primary purpose of the US competencies and their associated objectives is to provide a standardised set of skills for those working in injury and violence prevention. The NTI envisaged that the competency set 'will begin the process of development and implementation of a systematic training effort in the field, and ultimately, the enhancement of the infrastructure necessary to practice injury and violence prevention effectively'.

The competencies have already been used in the US to provide a framework for injury prevention training and training curricula. Outside of academic or formal education settings, the competencies are considered as potentially useful to the acquisition of skill competency in workplace training environments.

Just as with the injury prevention workforce competencies described in the Australian discussion paper, it was acknowledged by the US developers that the injury and violence prevention competencies have common characteristics with other professional competencies such as public health due to fundamental similarities. However, the US developers considered that the injury and violence prevention competencies 'expand' on public health competencies and state:

'This overlap was an intended consequence in the development of the competencies, because it is recognized that professionals may change programs or positions over time, both moving into and away from injury or violence prevention positions. Many objectives in the injury and violence competency set, however are independent of the public health competencies because they relate to practices unique to the injury and violence prevention field'. (page 5)

As both injury prevention practice and the science that informs it is constantly evolving, the developers recognised that the competencies will require regular review and further development.

Competency sets or lists can be drawn on in the creation of occupational standards and vocational qualifications. A number of foundation level training competencies for injury prevention were developed by IPNANZ to support the Foundation Certificate in Injury Prevention (FCIP).

Alongside good quality evidence-informed education and training, and the implementation of best injury practitioner practice, a broad suite of nationally agreed competencies (such as that developed for injury and violence prevention in the US or public health in New Zealand) could play a central role in guiding education and training development for community injury prevention practitioners in New Zealand.

3.3 Phoenix Research Report

As part of the foundational workforce research for TUK, a baseline census or survey of the organisations and individuals providing injury prevention services in New Zealand was piloted by Phoenix Research (for Head Strategic which was contracted by the MoH to project manage the public health workforce develop initiative).

For the purpose of this Project, the information from the 2004 Phoenix research on the injury prevention workforce was considered to be highly relevant and it was decided that an initially proposed quantitative survey of injury practitioner workers in 2009 would not be done due to the availability of the Phoenix research. It was considered unlikely that the Phoenix findings and issues raised in 2004 would be substantially different to findings of further similar research undertaken in 2009. Further, it was thought desirable to avoid burdening and resurveying the same workforce with similar questions to those asked in 2004.

The following section provides a summary of the Phoenix injury prevention workforce survey methodology, and the findings considered most pertinent to the community injury practitioner workforce's education and training development.

3.3.1 Phoenix Research Methodology

The Phoenix research, undertaken over a number of months in 2004, consisted of organisational and individual surveys. Organisational surveys included computer aided telephone interviews (CATI) with 185 organisations providing injury practitioner services (95% response rate), and a self completion survey from 133 organisations (64% response rate). A survey of individuals was also undertaken via a self completion questionnaire sent to 213 members of IPNANZ. A total 95 members responded (45% response rate).

3.3.2 Phoenix Research Findings

It is likely that nationally in 2004 a workforce of just over two thousand (2012) provided injury prevention services, and by considering those who provided injury prevention and/or public health services, this number increased to just under three thousand (2941). The Phoenix Research report provides a profile of the injury prevention workforce and what was important to them and refer Table 2 below.

Table 2. The Injury Prevention Workforce Profile 2004

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Most are women (80%)• Age spread 30 to 59 years• An ethnic mix of 60% European and 27% Maori | <p>What is important to them:</p> <ul style="list-style-type: none">• For organisations: staffing issues, including recruiting skilled staff and understaffing• For individuals: a need for more training, professional standards, lack of skilled staff, better working relations and salaries. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

According to the survey report, the large majority of the workforce practice in injury prevention more than one day a week. However, these same people also work in a wide range of other programme areas and on other issues including: management; administration; human resources; social environments; physical activity; well child promotion; needs assessment; health education e.g. addressing issues such as physical activity and smoking cessation; and prevention of alcohol and/or drug harm.

The report states that most (84%) of those surveyed had some sort of tertiary level qualification, with a relatively high proportion possessing a Masters degree. Perhaps unsurprisingly then, most of the people surveyed considered that at least some qualifications were necessary for their positions. The incidence of Masters and other degrees was lower amongst Maori than non-Maori. One in six was doing formal tertiary study and for 60%, their employers were paying the fees or providing time off for study. Just over 50% said that there were barriers to doing initial or further qualifications. The main barriers were work and personal commitments, and cost.

Almost all injury practitioner workers surveyed had received some form of non-tertiary training in the last two years, with the most commonly received being 'conference attendance', 'computer training' and 'Treaty of Waitangi training'. While there was 'not a strong call' for further non-tertiary training, there was interest in a range of topics that are offered at non-tertiary level, e.g. project management and planning, and research and evaluation.

Training was rated as 'very useful' by most survey participants and a wide range of skills were considered important to work in injury prevention and the topics rated most important included:

- Team work and interpersonal skills
- Communication with public/stakeholders
- Programme planning and evaluation
- Cultural understanding and awareness
- Leadership
- Project management

Rather than finding a high level of need, the survey reported that those surveyed considered that they needed 'some' as opposed to 'a lot' of further up-skilling and with a focus on:

- Te Reo
- Policy development and analysis
- Tikanga Maori
- Epidemiology
- Leadership
- Advocacy for public policy

While not in the same order of priority, both the surveyed individuals and organisations involved in injury practitioner consider *training* to be important. Individuals stated that:

- There is a need for more training
- Staff meeting professional standards and requirements is an issue
- There is a lack of skilled staff available
- There is a need for better working relations
- Salary/pay rates are an issue.

While it was not limited to a survey of education and training experience and need, the Phoenix research helpfully indicates that while there are barriers to further study, there are three issues that would enable or increase the likelihood of completing tertiary study related to injury prevention:

1. Availability of study in the region where they live.
2. Availability of in-service/on-the-job training.
3. Fees subsidised by the employer.

These three things were particularly noted by Maori and those working in health promotion and education as increasing their likelihood of doing formal tertiary study. Maori were also particularly responsive to culturally focused study.

3.3.3 Phoenix Research Discussion

From the research it is known that the injury practitioner workforce is well qualified, possessing a diverse range of certificates, diplomas, and degrees at all levels, e.g. Masters etc. There is a disparity in the level of qualification between Maori and non-Maori. Many of those doing injury prevention also have other responsibilities as part of their role. It is also known that the workforce is highly feminised and that it is relatively 'middle aged'.

Both organisations and individual practitioners share a perceived need for more formal education and standards development, and to a slightly lesser extent, further issue-specific and focused training. and. The Phoenix Research provides guidance on topics that those surveyed thought most needed in supporting development of their practice via informal education and training.

In 2004 there were relatively high levels of employer support for tertiary study but there were also a number of perceived barriers to successfully undertaking study. The Report notes what those surveyed consider likely to assist in removing study barriers – ease of access to and time for study, and the cost of such study being subsidised all being key. Finally, the research highlights that there are parts of the workforce that require more focused effort, and a different approach to their capacity development and education/training if current disparities are to be addressed.

3.4 The Foundation Certificate in Injury Prevention

The Foundation Certificate in Injury Prevention (FCIP) was provided for the first time in 2005 and continues to be offered in 2009 with some refinements implemented after review and evaluation processes. The FCIP is designed to strengthen capacity and capability within the injury prevention sector, and its participants come from a range of backgrounds.

The impetus for a qualification in injury prevention came from the identified lack of specific training for the injury prevention sector. The two key catalysts were:

- The Morgan Report which was commissioned by IPNANZ to identify training opportunities in the sector, and recommended that key injury prevention organisations begin a collaborative process to progress workforce development and training.
- The release of the New Zealand Injury Prevention Strategy in 2003 and its call under Objective 2 for a strengthening of injury prevention capacity and capability.

The initial proposal for building capacity and capability in the injury prevention workforce identified three levels of training (foundation, mid and advanced). Currently, only the foundation level training (through the FCIP) exists. New Zealand Qualification Authority Unit standards were identified as the qualifications structure for both the foundation and any mid level training. The unit standards for the FCIP were developed from a set of injury prevention competencies and registered on the New Zealand Qualifications Authority (NZQA) Framework.

The FCIP is the result of collaboration between government and non government agencies concerned with injury prevention, through a Memorandum of Understanding between Accident Compensation Corporation (ACC), New Zealand Transport Agency (NZTA), Ministry of Health (MoH), New Zealand Injury Prevention Strategy Secretariat (NZIPS) and the Injury Prevention Network of Aotearoa New Zealand (IPNANZ). ACC, NZTA, MoH and NZIPS fund the FCIP, which is administered and delivered by IPNANZ (with the support and cooperation of a range of specialist guest presenters and technical agencies).

3.4.1 Evaluation of the FCIP

Two evaluations of the FCIP have been performed over the course of its operational history, in 2005 and 2008. The 2008 formal evaluation was undertaken by Litmus under contract to the Ministry of Health. It reported a range of findings concerned with the future training and development needs of FCIP course participants. The more recent findings from this project (i.e. May 2009) qualitative needs analysis closely reflect and expand on the Litmus findings.

Litmus reported that, overall, participants of the FCIP evaluation felt that it achieves its purpose of providing an introductory overview of the field of injury prevention. Further to this, it also reported that there was extensive agreement by participants that there was a need for the establishment of a 'career pathway in injury prevention'.

On considering such a pathway, Litmus found that evaluation participants differed on what they thought should follow on from the FCIP. There was however 'strong support for the development of a higher level qualification or Diploma that focuses on injury prevention'. All of the participants of the Litmus evaluation agreed that 'there was a definite need for a logical progression' for training and of the sort described above in section 3.2.

Training was also identified as a way to address some of the issues surrounding the differing levels of experience and education that participants had prior to undertaking the FCIP.

Many participants stated that they wanted a qualification that followed on from the FCIP and the opportunity to further extend their knowledge was viewed positively:

'The Foundation Certificate gave me the knowledge I needed in the field of injury prevention and developed my confidence but left me wanting to know more. You need that higher level of knowledge to influence policy change at a higher level. (Course participant)'

(Litmus 2008)

A number of the FCIP evaluation participants considered that a way to achieving a career pathway in injury prevention was through development of a bridging course that would lead on to a higher level certificate or a diploma level course in injury prevention offered by a tertiary institution. For those with no or few qualifications, the jump from the FCIP to something at a tertiary level was not favoured. The suggestion of a mid-level certificate or a bridging course was identified as a more natural progression in terms of a career pathway for this group of learners.

'We need that next level and we don't need to go from Foundation to Postgraduate, we need to have a bridge because we're disadvantaging our foundation people if we don't have the bridge. (Course presenter)'

(Litmus 2008)

3.4.2 FCIP Discussion

Evaluation of the FCIP in 2008 reported that, overall, the FCIP provides an acceptable introduction to injury prevention. However, the evaluation report noted that there is still a strongly held perception amongst those working in injury prevention services and networks that there is a need to create further education and training opportunity in 'steps model' so as to provide a development pathway for the workforce.

There was some concern that movement from the FCIP directly to tertiary study environments may disadvantage those not already in possession of a tertiary qualification. The view was that the extra training should capitalise on the FCIP learning, and it would continue building the capacity and capability of the injury prevention workforce. This would provide a mid and an advanced level qualifications specific to injury prevention.

As with the Phoenix Research findings, the FCIP evaluation found a relatively well qualified workforce that seeks further and formal continuing development opportunities.

4 Needs Analysis Interviews – May 2009

4.1 Methodology

In-depth, semi-structured telephone or face-to-face interviews were undertaken over May 2009 with 30 key people in the sector. The invitation to participate in the needs analysis interviews was sent to individuals from a broad range of backgrounds and with varying lengths and types of experience with a community delivery focus (i.e. excluding workplace health and safety). Key injury prevention stakeholders were consulted on who should be interviewed.

Copies of the Information Handout (Appendix 1) and the Interview Guide (Appendix 2) were provided to interviewees, who in turn provided their oral or written consent (Appendix 3). Interviews were digitally recorded and transcribed. Interviews were between 60 to 90 minutes, and interview participants were assured of anonymity and confidentiality. Interviewees were offered a file copy of their interview.

The Interview Guide was designed for maximum flexibility for interviewees to raise and discuss issues they perceived as important to education and training development. It was also intended that the Interview Guide questions would stimulate a detailed response to the development issues previously raised in related work.

The interviewees were a cross-section of those currently working in injury practitioner services, and included individuals with less than a year to more than 15 years of injury practitioner experience, located from Auckland to Dunedin, and practising in main to more regional town centres. Those interviewed addressed injury practitioner issues from child to older adulthood, and included organisational heads, programme and staff managers, policy and programme developers, Maori and Pacific practitioners, workforce capacity advocates and managers, community practitioners, and teaching and research academics.

Finally, during the process of interviewing for this project it was apparent that those interviewed had differing understandings or definitions of *injury prevention* and also of both *education* and *training*. There was a vast diversity of opinion, particularly on definitions of education and training. To gather as much useful information as possible, clarification was sought but no specific definitions of education or training were asked to be applied during interviews. The importance of a shared understanding of injury prevention, is raised again in the ‘Discussion’ section below.

4.2 How Needs are Currently being Met

4.2.1 The Foundation Certificate in Injury Prevention

Only injury prevention specific qualification

The FCIP is known as the only regularly held and formal (i.e. award or qualification aligned) community injury prevention content specific course available in New Zealand.

A small number of those interviewed and working in very specialised or topic specific areas questioned the value for themselves or of their staff attending an injury prevention course of a generalised nature such as the FCIP.

Others noted that with its frequency of operation, 2-3 times per year, it presents challenges for managers and new practitioners to attend the course in a timely way. Some felt that, due to the introductory nature of the FCIP, if it was not attended early on in the role its usefulness was reduced. Furthermore, for these staff their foundational learning was achieved less formally, usually through a range of ‘on the job’ experiences.

However, as found by the 2008 Litmus evaluation of the course overall the FCIP is well regarded and seen as ‘essential’ or as a ‘good starter’ or ‘introduction’, and also as a ‘top up/refresher to injury prevention theory and practice’. Many considered that the FCIP also

offers valuable networking opportunities, and that this is particularly important for those working in relative isolation or working in more regional centres or rural towns.

The FCIP was thought by some interviewees to inadvertently raise attendee expectations that there 'were going to be further courses following on from the FCIP and that isn't the case'.

Provides NZQA unit standards

There was a level of misunderstanding amongst some interviewees about who operates and/or funds the FCIP, and its alignment to the national qualifications framework (NQF) was not well understood.

The alignment of the FCIP to the NQF (and that NZQA unit standards can be obtained through completing course assessment requirements) meant that some interviewees thought that FCIP 'learning is incentivised'. On this latter point, not many interviewees knew that unit standards could be gained from completing the FCIP and its assessments. Also, regarding the NQF more generally, many more did not understand the framework as a system for qualification.

Not all things to all people

Many of those interviewed considered the FCIP to be under 'considerable pressure to be all things to everyone'. Again, interviewees echoed the Litmus evaluation in highlighting that they consider that this one course cannot satisfactorily meet the wide range of needs of a diverse workforce at varied stages of experience and competency development, nor that it can (in two or three days) address in detail a large number of injury prevention content-specific issues.

A small number of the interviewees stated that they would like the FCIP to address specific issues or the needs of particular populations in far more detail than they consider it does currently, but they also readily acknowledged that 'there is only so much you can do in a two or three day course'.

This appears to indicate that there is currently a gap and a desire for such training to be available. It is noted that according to one interviewee, SASTA has progressed development of a course of study on road safety education and training with the University of Waikato.

Sustainability

Questions and concern about the medium to long term security of funding, sustainability and ownership of the FCIP were raised in many interviews. Many expressed concern about its continuation being vulnerable to funding cuts and changes in support by government as a result of the extensive changes in both the political and economic climate in 2009.

4.2.2 Other Injury Prevention Education and Training Courses

Formal courses

The following formal injury prevention specific education, study and/or training courses were mentioned, although much less frequently than the FCIP:

- individual topic-specific master's and doctoral level papers and research through a range of New Zealand, Australian and international universities
- courses of varying duration at the George Institute in Sydney, Australia
- courses of varying duration and injury prevention-topic at the Monash University Accident Research Centre (MUARC) in Australia
- Deakin University (Perth, Australia)
- courses at the Karolinska Institute in Sweden (considered by those interviewed as largely inaccessible due to cost and travel, etc).

Barriers to overseas training

Only a small number of those interviewed had attended the overseas courses mentioned above. They provided very varied views on the overall quality, content and usefulness of such courses. Inevitably, and unless formalised academic or university study, most overseas short courses or training were reported to have not provided accrual of points towards a New Zealand recognised award or qualification.

While courses in Australia were known to exist, access to them was considered difficult due to employer or institutional perceptions of 'the expense of travel to Australia'. It was also reported that such travel or development can be 'seen as a bit of a perk or an unnecessary big expense'.

A point raised by more than one interviewee was that cost to attend an Injury prevention-content specific course in Australia may not be much greater than attending one of a similar duration in New Zealand. However, the 'high cost' or 'perk' perception of some practitioners and managers was common, and this is a significant barrier to them accessed as development opportunities alongside the FCIP.

Occupational health and safety courses not used

Occupational health and safety courses (either in New Zealand or overseas) were neither readily nor frequently raised by interviewees as an option for formal injury practitioner specific education and training. Many interviewees when asked why they didn't raise these courses in the interview, said that they considered there is a theoretical and operational distinction between the more public health-focused community injury prevention and occupational health and safety practices, programmes and networks.

4.2.3 Other Forms of Injury Prevention-Specific Education and Training

The following were all raised as other forms of specific training and education. They were considered useful approaches to ongoing development, for both more experienced and for new practitioners:

In-house training

A number of people considered that their employers were undertaking less in-service development generally in recent years, or less in-house injury prevention specific training. Many interviewees thought that in the current economic climate, all forms of education and training opportunities were decreasing (or likely to do so soon).

Secondments

Some employers have arranged secondments' to other agencies, or more commonly to business units within the same agency. This is used to widen the organisational knowledge of the recipients, e.g. secondment to a policy role.

Mentoring

The new IPNANZ Mentorship Programme was positively referred to and considered potentially useful for those who had attended the FCIP. However, there was frequent mention of many in-house mentoring programmes being inconsistently or irregularly delivered.

Newsletters

Newsletters (both hard and soft copy) were provided as examples of education and training but viewed somewhat ambivalently as whether being of value as tools in achieving this aim.

Others considered that newsletters helped to meet their training and educational development, either on their own or more usually as part of a wider package of training and associated communications. Many thought that newsletters were more likely to be useful for the more geographically isolated practitioner.

Journals

Injury prevention specific and other pertinent journal reading was considered by many to be helpful to their practice and education, and viewed as being essential to their development.

The Injury Prevention Information Service at Auckland University was mentioned by a number of those interviewed as a reliable source to go to for information and injury practitioner journals and other relevant publications.

Study tours

Overseas study tours, often joined on to international conferences, were thought to be a valuable training and development opportunity. However, as with international conferences, these were considered as rarely available and beyond the development budget of most of the agencies of the individuals interviewed.

4.2.4 Non Injury Prevention Specific Education and Training Courses

Improving career options

Many of the interviewees were of the view that injury prevention specific programmes for further formal study were not highly desired. A small number thought it necessary or wanted to see a diploma programme, or something similar, that was specific to or largely concerned with injury prevention. However, most considered injury prevention to be 'too narrow a field', at both the under and post graduate levels to be widely attractive as an area of academic study for other practitioners and themselves.

Many of the interviewees considered that an injury prevention specific study focus would narrow their (or others) career opportunities, not provide easily transferable learning, or be a qualification that would not open other future doors compared to other broader qualifications, such as public health or epidemiology.

Congruent with overlaps and similarities between the developed public health and injury prevention competencies, many of those interviewed considered that non-injury prevention specific formal education and training are of value to their development 'if the learning is adaptable and appropriate'. Many of those interviewed stressed that it was not the limited availability of injury prevention specific education and training that led to this view.

Public health qualifications

Interviewees mentioned public health and health promotion courses and qualifications as being 'extremely' useful to their injury prevention practice. Furthermore, such qualifications are attractive due to the breadth of learning and wider future career opportunities they might offer. A variety of public health and health promotion certificates, diplomas, post graduate diplomas, masters and doctoral study programmes were frequently mentioned as being relevant to injury practitioner practice.

A number of other programmes of study or qualifications were less frequently but also positively mentioned by interviewees. These included Maori health qualifications, health science degrees, Masters degrees in Public Policy and Anthropology, certificate programmes in 'community development and organising', 'papers in mental health promotion', social work and community health, and qualifications or courses in sales and marketing (and social marketing), and MBA programmes.

4.2.5 Informal Short Courses

Useful courses

Interviewees were aware of and attended a large number of informal injury prevention content or issue specific short courses. Informal courses were described as positive for development and training opportunities by nearly all interviewees. These informal courses or events were reportedly well subscribed and generally positively viewed.

The courses referred to included, but are not limited to: Safekids evaluation and planning days; Safe2Go courses; surf lifesaving training; Family Violence Training of Trainers; ALAC courses; and Young Driver Training courses.

Lack of coordination

Typically, these are one off, irregularly held, ad hoc events or trainings. The approach by agencies running informal courses or workshops was thought to be poorly co-ordinated in terms of timing and fragmentation in the topics offered.

These courses are not usually linked to or part of any national qualification, award framework or professional accreditation process. Common comments were 'I've attended lots of training days over the years with nothing really on my CV to show for it' and 'there's lots of cross learning and the odd course or two but it doesn't amount to further qualifications'.

Some notable exceptions were water safety awards, surf lifesaving courses and first aid training.

Many interviewees spoke of experiencing difficulty in accessing adequate information on such courses or events, resulting in difficulty in forward planning their training and the wrong person sometimes attending such courses.

Variable quality

As with the Phoenix Research findings, overall the interviewees thought there was still valuable development to be gained from informal training events but many also mentioned that 'content and presentation quality can vary enormously' and that 'there is no great rigour' in the content of some informal short courses.

4.2.6 Conferences

Mirroring the Phoenix Research study findings, in discussing less formal or non-tertiary related education and training, interviewees readily mentioned attending conferences, and see these as informal training and education opportunities. Perception of the value of conferences as learning and training opportunities varied but overall they were considered 'useful' or 'really helpful'.

In particular, the following conferences were frequently mentioned and considered as helpful injury prevention specific learning or development events:

- IPNANZ Conference (held two yearly)
- Australasian Falls Prevention Conference
- Water Safety Conferences (in New Zealand or Australia)
- Christchurch International Safe Communities Conference
- TRAFINZ Conference
- ALAC Conference.

While few of those interviewed had attended the International Injury Prevention Conference (held two yearly in changing international locations), it was positively referred to by those who had and was considered as 'incredibly useful' with the proviso that it 'should be attended by practitioners and not just by senior managers or the Chief Executive'.

The perception of larger (and usually international) conferences as more valuable development opportunities was thought by many interviewees to be due to the higher quality of the presentations, and due to their scale invaluable as networking opportunities to particular fields of practice or speciality.

4.2.7 Networks and associations

Membership of a range of New Zealand and international injury prevention networks or societies, and their associated communications and meetings, were also regularly mentioned as 'good' at providing informal development and learning.

These included: IPNANZ, Committee membership, SASTA, Road Safety Coordinator meetings, and the International Society for Child and Adolescent Injury Prevention (INSCAPE).

There was a generally negative view held of the existing virtual or online injury practitioner networks. The usefulness of e-fora and e-bulletin boards was considered by many as more suited to a younger practitioner (with an assumption that a younger person generally had better information technology capability than their older counterparts).

It was noted that alongside necessary technical know-how, active membership and participation in such e-networks also required access to broadband technology and compatible forms of software (and/or permission to download these) from the employer organisation.

4.2.8 Further comments on current training and education

While the Phoenix Research showed a considerable number of those studying were being supported in some way by employers, many of those interviewed in May 2009 thought that access to such support is not equitable, nor access to informal training opportunities such as conference attendance.

Securing funding to attend both injury prevention-specific and other relevant education and training was still considered an issue by many of those interviewed. This was particularly so for those working in local or non-government services, and for those based outside the main centres.

While the learning and skills gained from informal education and training opportunities are 'highly valued' there was much comment about informal learning seldom, if ever, accruing points or units towards a meaningful qualification. Related to this, there was a desire by many to have learning or training tied to key competencies for injury practitioners, or those for health promotion or public health.

A commonly held view was that 'Injury prevention is cross-sectoral and further training or study is probably more valuable if it's broadly networked with Haoura Maori or public health'. Reinforcing this, others expressed a need for caution about a narrow approach to any future education and training pathway developed solely on injury prevention, e.g. 'injury prevention is being done in lots of different contexts, that needs to be remembered (when considering further learning development)'.

4.3 Future Formal Injury Prevention Education and Training

While interviewees held a wide range of views, there was overall agreement that there needs to be 'something else beyond the FCIP', with this often being referred to as a 'second step' or 'bridging course'. It was seen as either a more advanced injury prevention specific formal course leveraging off the learning in the FCIP, or a programme of some broader study pertinent to injury prevention. Beyond good agreement on the sort of institution where such further development should be based (i.e. a Tertiary Education Organisation), there was little agreement on what this second programme would look like in terms of its focus and content, and who it would best serve and how.

The 2008 Litmus evaluation of the FCIP reported that there was strong support for the development of a higher level qualification. But in this project, there was widely held ambivalence about the need for a solely injury prevention content specific course of further study.

4.3.1 Where Should this Take Place?

Not surprisingly perhaps given the high number of degrees and post graduate qualifications that the workforce has, interviewees had a strong bias towards any further formal development being based in, or associated with, universities and other tertiary education organisations (TEO).

Universities and other TEO are the preferred institutions for further learning, with comments such as ‘they teach critical thinking and analysis’ and ‘they promote asking “why” questions’ highlighting some of the attraction to universities.

On a more pragmatic level, it was also thought that universities in particular were ‘well recognised, networked and established’, offer ‘a more globally recognised qualification’ and that this increased qualification status improved the likelihood of entry to established, professional and potentially, international job markets. Also, possessing university qualifications was perceived as creating greater mobility across national and professional boundaries, and was considered important in a limited and increasingly shrinking New Zealand job market. There was a perception of more professional credibility from having university qualifications.

It is noted that those interviewed who possessed few formal qualifications also had a strong preference for university study and considered this to be better quality and having greater prestige.

One interviewee echoed many others in saying ‘universities are credible and recognised overseas, I am not sure NZQA is’. This latter comment highlights a common issue, many of the interviewees did not really understand the NZQA system or NQF.

Alongside their preference for university-based learning, many talked about having little desire to train through an industry training organisation (ITO) with only one interviewee stating positively ‘ITOs are another way to learn’. However, on further probing there appeared to be poor understanding of how ITOs and the courses they offer can link to national qualifications and award systems.

4.4 Developing an Education and Training Pathway

The desire for development and implementation of a clear education and training pathway for injury prevention practitioners was a strong theme to emerge from this project.

However, a large number of interviewees raised questions about the viability of such a pathway and any associated further injury prevention specific courses, due to the relatively small national workforce from which to draw students. This is also a concern expressed in Australian reports on injury prevention workforce education and training development.

Some interviewees raised concerns that potential challenges are already apparent in the quality of some training and low student numbers. There was also a widely shared concern that ‘any bridging programme of study would face the same issues as the FCIP – funding, access, and delivery to small numbers of students in dispersed locations’.

A very small number of the interviewees considered ‘absolutely there is an ongoing market for further (injury prevention) learning’, and that ‘it’s sustainable as injury prevention is a growing market’. Others recommended a ‘test the market’ first approach to assess interest.

In thinking further about this, a number of interviewees considered that ‘distance or online learning modules would be OK’ as a solution to access issues but some also remarked that remote learning ‘would be less likely to provide networking opportunities’. There was also concern expressed about the technological capability and skill among the current workforce to successfully navigate a programme of study which had a strong online component.

A number of interviewees thought that setting up a scholarship system to assist with financing access, and collaboration with an Australian tertiary education organisation, to broaden the

student base to include Australia, might support injury prevention specific training and assist in making a programme more viable. Interviewees were aware that the cross-crediting of points across New Zealand and Australian university systems would have to be worked out for a pan-Australasian injury practitioner programme to operate.

A focus on lifting workforce information technology capability was mooted by many as being necessary to allow for best use of online and e-learning developments.

As in the Phoenix research, a number of those interviewed acknowledged that the market is mostly comprised of women and as such, any course should be in the form of short or block course work to allow for it to fit around their other life commitments. It was seen as important to offer 'learning flexibility'.

Reinforcing this, others spoke of the need to avoid study programme commitments that spanned a full academic year due to anecdotal reports of failure of such courses for similar workforces overseas, 'half year semesters may be more attractive and do-able for workers'. Some interviewees pointed out that many papers run out of universities already operate 'flexibly' and that many lectures, classes or workshops are held over 'block courses of four days for a paper – and quite a few papers don't have exams'.

Again the question of many of those interviewed was whether an injury prevention specific education and training pathway was viable or did it need to be part of something more broadly focused. One person summed this up by stating 'people are muddling along and there is no framework to work to or measure against...and we need clear direction and options'.

Reflecting the latter point regarding options, most also spoke of a need to be mindful of the size of the national workforce, and to 'join any developed second step to something bigger than injury prevention' to maintain quality and feasibility.

The interviewees commented that the pathway should cater for those with no current qualifications as well as for those already possessing other qualifications, i.e. some would need a second step following on from the FCIP and the others would prefer to immediately move to more formal tertiary study, possibly in a field of study closely related to injury prevention, such as public health.

Alongside a strongly expressed view that the second step should be run out of a TEO, most also thought that having a programme of study with 'an entry level that was very flexible' and lead to a formal tertiary qualification of some standing, either injury prevention specific or a public health oriented 'with a significant injury practitioner component'. The latter being through one or two injury prevention papers making up part of the qualification or mandatory papers such as a foundation paper in injury prevention, a research paper and applied injury prevention.

Others wanted broader learning to be part of their programme of study, stating 'it needs to include health promotion, health systems, health economics, Maori and Pacific health, health inequities'. One interviewee suggested a feasibility study of creating a 'cobbled together' diploma or post-graduate diploma made up of a mix of injury prevention specific and relevant paper as a useful future exercise.

On the issue of no prior tertiary study, some interviewees noted the existence of courses designed to assist those with little prior experience or skills in tertiary study, including some such courses designed for Maori and Pacific learners.

4.5 Future Topic-Specific Education and Training Development

The interviewees in this project perceived that there is need for further and ongoing education and training in the following topics to address gaps or be useful to their practice development:

- Determinants of health
- Definitions of Injury
- The 'science of injury prevention' including biomechanics and physics
- Behaviour change communications
- Project management
- Monitoring and evaluation
- Media and advocacy
- Topic-specific courses in road traffic safety, and falls prevention for elder care
- Indigenous health frameworks
- Policy writing and development
- Effecting change and collaboration
- Translating evidence into programmes
- Data analysis
- Presentation skills
- Community development
- Child and lifespan development
- Working with the machinery of government
- Epidemiology

In this needs analysis, good quality project management training was mentioned frequently by many interviewees (both managers and employees) as either a current gap or a desirable training topic. Project management skills were regarded by many as important to being able to successfully undertake various injury prevention related roles. As with other education and training discussed, some project management training packages were viewed as being more effective than others, with the Victoria University run Project Management courses (I and II) being particularly well regarded.

4.5 Other Themes

The following section covers two inter-related themes that emerged from the interviews and were considered as important to address if education and training development is to progress successfully and meet the needs of the workforce. The themes are:

1. Identification with Injury Prevention in making education and training choices
2. Developing 'Common Ground' for Injury Prevention practice

4.5.1 Identification with Injury Prevention in Making Education and Training Choices

Very few interviewees described their professional identity or the work that they do as *community injury prevention*, or use *injury prevention* as a broader descriptor for their work or the field they work in. Some agreed that 'yes, that's part of what I do or who I am' but generally those interviewed used a large range of other terms to describe their professional identity or to describe their work, and statements such as 'the people I work with don't see what they do as injury prevention....' were common.

In considering the above, one interview summarised the views of many others in stating;

‘There’s lots of identity issues in injury prevention, it needs a shared label that has broad agreement.....(we) can’t be precious about multiple identities (in injury prevention) but there needs to be something that resonates with those concerned and that is positive, like “safety or safe community” rather than (it being) negative like “injury prevention”. A positive vision may be more mobilising (in building a workforce).’

When considering what terms they use to describe their professional identity and the work that they undertake, interviewees used a range of terms to explain this, including public health or public health practitioner, ‘safe communities development’, and others used ‘health promoter’, or described themselves as a ‘community development worker’, ‘epidemiologist’, ‘Pacific health worker’, and ‘safe communities coordinator’.

Some of those interviewed considered that injury prevention was ‘too limiting a term’ to describe their practice. In explaining why they perceived injury prevention to be restrictive, some mentioned ‘I think its reductionist terminology’ or that it ‘reflects a limited biomedical view of the world’, with others explaining that they see what they do as ‘being bigger than just injury prevention’. Further, other interviewees reported that they simply see injury prevention as an outcome, stating ‘injury prevention is the end result of what we or I do; it’s not what I am’.

A small number described their role and identity as deriving from the specialist or content-specific area they work in, such as a ‘falls prevention worker’, ‘surf life saving’, and ‘child safety promotion’ or ‘suicide prevention coordinator’.

Commonly, it was agreed that their professional identity, prior qualifications or view of the work that they do influences their decisions in choosing further learning and training development.

Given only a small number of those interviewed identified with or used the term injury prevention or community injury prevention to describe what they do, this may account for the small number of those interviewed who were interested in an injury prevention specific qualification or in undertaking injury prevention content specific papers.

Further to this, several considered that injury prevention content specific papers could be part of a broader public health qualification; ‘it would be great to have a paper in injury prevention in the diploma in public health’.

4.5.2 Developing ‘Common Ground’ for Injury Prevention

Many of those interviewed considered that it was important to them professionally that ‘there is some sort of a common ground’ for the workforce providing injury prevention services. This is perhaps due to the complexity of the environment in which injury prevention services are delivered and the number of and varied identities, qualifications, agencies, professions or roles of those offering injury prevention services.

In further discussing what such common ground might be, interviewees raised a large mix of ideas including ‘shared skills or skill sets’, ‘standardised qualifications’, ‘professional accreditation’ and/or ‘core competencies particular to injury prevention’.

Regarding core competencies, some of those interviewed were aware of work underway in New Zealand via the TUK on the development of public health competencies, but few were aware of the FCIP competencies, nor the recently published US injury and violence prevention competencies.

A small number of those interviewed stated that they would like to see efforts focused towards the development of a more defined ‘injury prevention profession’ as a way to create the common ground sought. Others thought that a defined profession is not required, preferring to belong to a broader professional domain, which they perceive as encompassing injury prevention (most commonly public health or health promotion).

In discussing their views on the desirability of injury prevention becoming a defined area of practice, the development of Project Management as a separate, distinct profession over the last ten or so years was raised as an example which could be a useful model for injury prevention to emulate. Resources were used to deliberately create a new and specialist profession with unique knowledge and skills, and a rigorous accreditation system relatively rapidly and successfully.

One interviewee mentioned 'it <Project Management> used to be seen as a sort of general skill or competency that you needed for all sorts of work, now it has international accreditation systems, qualifications and exams, and employers seek them <people possessing these>...'

Others raised New Zealand's history of being the first country internationally to register nurses, and that nursing at the turn of the last century was likely to have been seen similarly to injury prevention today, i.e., a generalised set of skills and non-specific competencies. Among other things, accreditation or registration systems (such as those used in nursing and project management) were viewed as ways to standardise education and training, and to alter public or employer recognition and perceptions of their value and professionalism.

Support for and objections to the development of a distinct profession of injury prevention with associated standardised qualifications and accreditation or regulation such as that described above for nursing or project management was about equal.

Two comments highlight the opposing views held on the development of specific accreditation:

'I'd hate to see something exclusive like that. I don't think it would be helpful to the development of practice and might put people off.'

'<accreditation> is one of the most important things that could be done to advance injury prevention training in New Zealand.'

In contrast to these often strongly held views, a considerable number of those interviewed remarked that they had not even thought about a distinct professional accreditation or regulation for injury prevention training and practice. Some considered that accreditation or regulation of injury prevention was a good idea but premature, commenting 'injury prevention hasn't been around very long and maybe it would be good in the future but it's <accreditation> an idea that's before its time'.

Competencies were raised frequently as the acceptable common ground sought by many providing injury prevention services. With many of those interviewed strongly identifying with public health, the TUK public health competencies, with perhaps other more specific injury practitioner competencies being developed and aligned to these, were considered an adequate shared platform for this stage of the development of the community injury practitioner workforce.

5 Summary Discussion

5.1 The Context for Development

Legislatively, no one specific agency or body is charged with responsibility for the funding or the oversight of the development of education and training for community injury prevention in New Zealand. The NZIPS Secretariat, while coordinating collective efforts to address injury prevention, is not empowered to compel other government agencies to fund and work in concert to address injury prevention nor to build the infrastructure required to build the capacity of its workforce.

According to a Phoenix Research report, the community injury prevention workforce is relatively small in actual numbers, being likely to comprise about 3000 direct full and part time workers. However, direct and indirect injury prevention services are provided by many organisations.

The community injury prevention workforce is a multi-disciplinary one, including regulated and unregulated professionals, quasi-professional workers, and those both paid and unpaid.

Injury prevention is concerned with issues that require a wide range of approaches and the efforts of many disciplines to facilitate change and for injury prevention to be effective but operationally, community injury practitioner services appear to be largely led out of agencies primarily concerned with health in some way. Many of those providing injury prevention services have public health-oriented qualifications and operate out of public health or health promotion agencies, and as such, there is a strongly perceived alignment of community injury prevention to public health.

While Wren and Calvert noted that there are potential synergies from closer operations between community and occupational/workplace injury prevention, much further intensive work would be required to achieve these. Some interviewees indicated a growing theoretical and practice divergence between community and occupational/workplace injury prevention.

As previously noted, community injury practitioner practitioners look primarily to public health and health promotion as the overarching models to source further learning and skills development from, and they currently seldom consider occupational health and safety education and training in thinking about their further development.

There are some acknowledged overlaps between community and (more occupationally focused) workplace injury prevention but on more day-to-day levels there appears to be infrequent interaction between more public health-oriented community injury prevention and workplace occupational health and safety practitioners. There are limited operational moves to link community and workplace injury prevention issues, such as that by the ACC via its sphere of influence initiative delivered via employer workplace health and safety programmes, and through other programmes, such as FarmSafe, which address injury prevention from both a workplace and home/community perspective.

5.2 Perceptions of Injury Prevention

Many of those interviewed in this needs analysis project called what they do health promotion, public health, violence prevention, community development, and/or many other things, and only occasionally mentioned there were part of the injury prevention workforce.

Many perceived injury prevention as a niche content-specific issue or an outcome, rather than a more defined and evolving area of theory, research and practise. Public health practise (and relatively new or emerging movements such as 'Safe Communities' or 'safety' resonated with some interviewed due to perceptions of wholism and that these are more positively focused than injury prevention. It was acknowledged there are benefits from the cross pollination of ideas and practice that result from a wide range of related domains working together.

It is not clear if a poorly shared identification with injury prevention has hampered progress on the development of content specific education and training programmes but it is possible that the failure to develop a pathway of education and development has over time exacerbated the currently perceived weak 'brand' or identification with injury prevention.

Due to perception that injury prevention does not have its own well defined theory, models and practice, the establishment of core competencies is seen by many as vital to the credibility and progress of education and training of community injury prevention, and to the establishment of an acceptable 'common ground' or better defined field of professional practice.

5.3 Competencies for Injury Prevention

Core competencies are now broadly recognised as vital to the development of any field or discipline, and particularly in lending structure to its education and training development.

Injury prevention competencies were developed and published in mid-2009 in the United States. According to those interviewed these have yet to be widely disseminated and discussed amongst those researching, planning and providing injury prevention services in New Zealand. Similarly, awareness of the FCIP competencies was poor.

However it is noted that a strong theme arising from interviews was the need for agreed competencies, and that they are seen as vital for both the strengthening and defining of injury prevention practice. At very least, agreed competencies, be they public health or more injury prevention specific, are perceived as key to injury prevention education and training moving ahead in a planned and logical way. The suite of NZQA aligned FCIP competencies was considered by some as a good place to commence any further competency development discussion.

In looking to the future, some thought that pan-Australasian developed and adopted competencies would help foster a more critical workforce mass by bringing together the two relatively small workforces in New Zealand and Australia. A trans-Tasman approach would potentially also provide advantages in cost sharing during the development of and consultation for such competencies. Shared competencies could make future collaborative trans-Tasman qualifications or courses more feasible.

In mid-2009 the TUK was on the cusp of publishing public health competencies and it is expected these will have significant similarity to the internationally developed injury prevention competencies. Further inter-sectoral dialogue is required on the benefits, or not, of injury prevention using the public health competencies developed under TUK.

5.4 A Pathway for Education and Training

The FCIP was seen as the only course specifically serving community injury prevention practitioners. When the FCIP was initially developed, it was envisaged that further courses would be developed to further meet the evolving and ongoing education and training development needs of practitioners.

But this did not happen and some years on there was still a strong desire for the development of 'second step specific learning'. Less frequently interviewees thought that a 'bridging course' from the FCIP to tertiary institution education and training was required.

The FCIP is evolving and well regarded. However, some people think it is stretched to meet the very broad range of experience and backgrounds of practitioners coming into injury prevention. Given the 2009 political and economic climate, wide concern was expressed about the sustainability of the FCIP and whether how it is delivered and funded needs to be reviewed.

Those interviewed shared a strong desire for further ongoing learning from tertiary training institutions such as universities or polytechnics. However, there is little agreement amongst

those providing injury prevention services what a pathway or the desired next step(s) should be. A sizeable number of those interviewed perceived that an adequate broad pathway is expressed in TUK and the relevant established papers and qualifications in public health and/or health promotion.

In their view, an extension of that pathway to serve injury prevention education and training just requires agreement on the relevant set of existing under- and post- graduate papers and some newly developed specific content papers based on injury prevention competencies. To achieve this, it was suggested underwriting by the relevant funding agencies would be needed for the development phase and first few years of roll out.

Given an Australian study suggested that it is unlikely that there are the numbers in Australia to sustain a specialist injury practitioner course, it is difficult to see that a further specialist under or post graduate qualification in injury prevention is feasible in New Zealand unless government funding is available. This adds to the appeal of a broader based approach with a greater market of potential students, such as those in public health or health promotion.

It is also held as highly desirable that any developed pathway be part of a relevant national framework recognised by all, such as NZQA and those of tertiary training organisations.

On the whole leadership and advocacy for the injury prevention workforce development was seen to come from NZIPS and IPNANZ, and to a lesser extent from various other institutions, including ACC, MoH, district health boards, the Injury Prevention Research Unit at the University of Otago and some local authorities. Given the MoH leads the TUK (and many community injury prevention practitioners identify strongly with public health) and ACC hosts the NZIPS Secretariat, there is widespread confusion about the leadership of strategic injury prevention workforce education and training issues.

Related to the perception that clear leadership of education and training is lacking and that no single authority or institution steers workforce education and training forward at government levels, the question was raised about where the management of education and training development would be best located in the future. Again, IPNANZ was most commonly mentioned as the agency suited to address the operational issues due to its positive track record in enacting the Morgan Report recommendations. However, many caveats were also expressed about its capability and capacity to take on further complex development work on behalf of the workforce, and concern was expressed that it should not be left with the 'heavy lifting' on its own.

A very small number of those working in community injury prevention would like to see the development of a defined injury prevention profession and the establishment of an accreditation/regulation authority. These people recognised that this would require considerable resources but saw it as a bold way forward. They believed that it would gradually help strengthen injury practitioner efforts and effectiveness in the longer term.

In opposition, a sizeable number of those interviewed did not wish to see injury prevention become a more defined and accredited form of practice, or considered that such development steps are premature or not feasible due to the small size of the workforce, and/or that there is likely to be little resource available for this in the current economic and political climate.

5.5 Options for the 'Second Step'

Given the relatively small size of the injury prevention workforce, concerns about the medium to long term viability of a narrowly focused programme of injury prevention specific study are common, with many of those interviewed expressing concern about the likely quality of such a course being difficult to sustain due to potentially insufficient student throughput. The varied ability of students to successfully complete course work, the perception that such study could narrow career prospects rather than increasing them, and that there is insufficient specific content to warrant a single programme of study and therefore potential for duplication of other papers are concerns that were suggested for further examination. It was thought unlikely that

there would be a return on investment for an institution developing and operating an injury prevention specific qualification at under- or post- graduate levels.

Both the practitioners and academics interviewed saw the most feasible or workable 'next step' as an elective paper (or two at most) specific to injury prevention, provided perhaps every second year, as part of a broader qualification. It was suggested that the content of the current FCIP could be examined to establish if it is a suitable basis for the development of a paper within a larger programme of study, allowing for greater foundational choice and flexibility in future education and training.

Injury practitioner appears to suffer from a weak brand, with many of those involved in the provision of injury prevention perceiving it to be many things. As such, it is likely that further injury prevention study could be acceptably and appropriately accommodated, and may even benefit from being situated, within a broader programme of study (such as public health). Such an approach is not only considered more likely to provide sustainable relevant education due to the larger base of students attracted but it may also help to promote awareness of injury practitioner and its content-specific knowledge and practice over time to other students/practitioners.

There is little doubt amongst those involved in injury prevention that a university or polytechnic environment is the preferred location for any education and training second step. Also, while concerns were expressed about the difficulty those with little formal tertiary education might encounter in making a transition from the FCIP to university or other tertiary study environments, this is not unique to the injury prevention workforce. It was considered that the existing programmes to assist students new to universities and academic study should be promoted and utilised.

Also, due to the largely female make-up of the injury prevention workforce, flexibility in the delivery of papers was considered vital, e.g. through block courses and distance learning. Block courses and distance learning are already well utilised in a number of TEOs and in the provision of closely related public health programmes of education and training. There was good agreement among those interviewed that any future courses avoid year-long commitment to study.

From both the Phoenix Research and these interviews, the barriers to further education and training development are clear. The following are considered crucial to better participation in education and training:

- creating access to education and training programmes
- support in meeting the cost, and
- allowing required time-off to undertake the study.

Improving access to quality training and education is a challenge with a small, nationally dispersed workforce. Offering study via distance learning, block courses, 'summer schools' and residential programmes are all potential solutions, as is increasing the workforce's access to and capacity to use information technology. Online course work and virtual class activity, chat groups and email all offer potential solutions to some of the access/distance issues. However, alongside access to broadband and computer hardware and software, building the workforce's capacity to competently manage information communication technology is required if they are to utilise this successfully as a learning, communication, network and practice medium.

5.6 Funding for Education and Training

Concern was expressed about the perceived shrinking of state and employer support for injury prevention education and training over recent times. Interviewees considered it important to address promptly more funding and the establishment of more funding mechanisms, such as targeted scholarship initiatives for the NZIPS priority areas and the identified qualification

disparities amongst the workforce. Alongside these, support from employers for study and study leave was seen as providing a significant future return on investment in terms of employee productivity levels and programmatic effectiveness.

The TUK contains activity to effectively address the above and given the similarity of issues and overlaps, it is suggested that there are benefits to be gained in more closely aligning injury prevention workforce education and training with TUK activity.

5.7 Coordination of Informal Course Development

Informal courses are highly valued by those working in injury prevention and are seen as integral to ongoing professional development. Informal short courses also offer development opportunities for those who cannot commit to longer education and training. However, while there is not an overly strong call for more of these opportunities to be developed, there are topic-specific areas and gaps which the workforce would like to see covered, and as with conferences, better and more equitable access to.

There are a large number of specific and general short courses on offer in any given year, and they address many issues. However, the perception is that such courses vary in quality and that obtaining detailed information on what is available, and when requires, considerable time and effort. It was also noted that there is often insufficient notice of the courses available, hindering development planning.

Interviewees supported better coordination and more centralised promotion/marketing of short courses and other training opportunities. This would involve the main agencies, such as NZIPS, IPNANZ, Safekids, ALAC, the IPRU and IPRC, and other agencies with courses strongly related to including the Health Promotion Forum and Public Health Association.

It was acknowledged that there are many short courses that are relevant to injury prevention, and that these are currently offered by a considerable range of agencies. Coordination of such opportunities is a challenge but less fragmented promotion, better linkage to the NZIPS priorities, more centralised coordination of a calendar of courses, and increased communication on their focus or target audience is sought as highly desirable.

Short course opportunities are usually not aligned to formal qualification frameworks. There was frustration that attending such courses does not usually allow for accrual of points towards an award or qualification. It will not be possible to align every short course offered to the established qualifications frameworks. However identification and feasibility assessment of the regularly provided or key short course opportunities may result in more of these being aligned to NZQA, for example. Establishment of a process to achieve the latter would perhaps result in more short courses being incentivised through accrual of points towards a meaningful qualification, and therefore increase attendance and widen the workforce's development pathway.

6 Conclusions and recommendations

6.1 Conclusions

Community injury prevention practitioners in New Zealand come from myriad backgrounds, possess many different types of qualification and prior life/work experiences. Comprising mostly women, the actual number of community injury practitioner practitioners is thought to be quite small, and while advancements have been achieved in recent years, the size, geographical spread and diversity of the workforce has historically presented challenges to planners, funders and policy makers in progressing feasible and ongoing education and training development on their behalf.

However, many community injury prevention practitioners consider themselves to be part of a bigger workforce and form of practice, most commonly public health. The strong identification of the workforce with public health and health promotion potentially offers a number of solutions to the education and training issues that they face, and could also provide an established pathway for their further development.

Due to the significant overlap between injury prevention and public health, many of the perceived gaps in education and training could be largely met in a more planned way, via existing public health workforce development initiatives. The work of the TUK could offer a development pathway for staff of injury prevention services. Any developments planned for injury prevention specific education and training should be closely aligned to the TUK, both to avoid duplication of effort and to exploit the broad TUK work plan for injury prevention purposes.

It is now well documented that community injury prevention practitioners seek further formal development opportunities. While already established public health and health promotion-related papers and qualifications are considered largely relevant for their practice, one or two papers specific to injury prevention and as part of a broader public health qualification may be the most feasible way to offer specific development in a sustainable way. A full diploma or degree in injury prevention is considered neither feasible nor desired by most practitioners.

Further, a process to explore the development of such paper(s), and any mechanisms to guide and lead this and further development is considered necessary.

6.2 Recommendations

1. The New Zealand Injury Prevention Strategy Secretariat create, or utilise already planned, events to further explore and discuss the benefits and acceptability of closer alignment of injury prevention with public health workforce education and training development, including:
 - inviting the TUK project staff to present to the NZIPS Stakeholder Reference Group
 - schedule consultation workshops on the findings of this report
 - explore the usefulness of specific injury prevention competencies versus public health competencies as the basis for further education and training
 - compare the benefits and risks of pursuing the TUK education and development pathway with a separate injury practitioner pathway
 - examine which agency is best suited to 'owning' and progressing strategic injury prevention education and training development.
2. Dependent on the outcomes from the above consultation, align and insure good fit of the proposed Education and Training Development Plan (2009 – 2011) with the TUK work plan.

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3. Investigate mechanisms to develop a sustainable undergraduate and/or post graduate level paper in injury prevention that is aligned to or part of public health or health promotion qualifications, and delivered in a way that is suited to the make-up of the community injury prevention workforce.
 4. Fund and support the national coordination and promotion of informal injury prevention education and training courses and events.
 5. In consultation with IPNANZ, develop a plan to gradually transition the FCIP to a suitable TEO/ITO over the next five years.
 6. In conjunction with the TUK, examine the adequacy of public health and injury prevention scholarships and other support for Maori and Pacific workers to attain qualifications relevant to injury prevention.

7 Appendices

Appendix I - Project Information Sheet

Community Injury Prevention Workforce Education and Training Development Project Information Sheet

Project Background

The New Zealand Injury Prevention Strategy (NZIPS) is the national framework for the injury prevention activities of New Zealand government agencies, local government, non-government organisations, communities and individuals. The Strategy sets out the Government's vision for a New Zealand where more people can live free of injury while continuing to lead active and challenging lives. The Strategy is designed to assist New Zealand to better focus its injury prevention efforts and resources by providing a clear direction to the range of agencies, organisations and communities which have either a direct involvement, or a contributory role to play, in injury prevention activity in New Zealand.

A similarly 'clear direction' in improving education and training development for the injury prevention workforce is considered essential to New Zealand more positively addressing and reducing the burden that serious injury contributes to morbidity and mortality nation-wide.

Project Purpose

The overall aim of this particular Project is to assist in the strengthening of focused, cost-effective and meaningful injury prevention activity in New Zealand by having a community injury prevention workforce that is well trained, innovative, and whose practice is evidence informed and that reflects contemporary technological and research advances pertinent to the prevention of injuries.

It is thought that the above can be achieved, in part, via the creation and use of a realistic, clear and documented workforce education and training development framework, with the latter being developed through careful scoping of the issues, a desk review of the literature, and researching and analysing education and training needs, gaps and opportunities for New Zealand community injury prevention practitioners.

In working on the above, one of the phases of the Project involves in-depth interviews with key actors from the NZIPS priority areas and the wider sector on their perceptions, experience and knowledge of what has worked well, and what may further help progress and better meet the education and training needs of community injury prevention practitioners.

The Interview Process

The individual in-depth interviews are expected to be 45-60 minutes in duration and will be digitally recorded with the participants' permission. Informed consent will be sought and secured (either electronically or in writing) immediately prior to any form of face-to-face or telephone interviews. All information or data gathered from the Project will be considered confidential and no individually identifying information will be divulged in any subsequent reports or other forms of communication. On request, all participants will be able to obtain an audio file (MP3) of their interview and all data related to the interview will be held securely.

Alistair Mac Donald, the Project Manager contracted to the New Zealand Injury Prevention Strategy Secretariat to lead the work, will invite key stakeholders to participate in interviews and conduct these over May 2009.

A final report with recommendations on future education and training development for community injury prevention practitioners, and a draft education and training development framework, will be provided to the NZIPS Secretariat at the close of this Project.

Thank you

Appendix II – Interview Guide

Injury Prevention Workforce Education and Training Development Project Interview Guide

This interview guide is indicative of the relevant subject matter to be covered. It is designed to allow freedom for discussion of any additional relevant topics, which may arise during the interview.

INTERVIEW (60 minutes)

Interviewee Role

- What is your current role (and length of time in role, etc)?
- What is the nature/core work of the organisation you work for?
- If your role is not a specialist injury prevention one, approximately how much of your time is spent on injury prevention?

Section A: Perceptions/understanding of adequacy of current education and training programmes

1. Overall perceptions of formal injury prevention-specific education and training

- Can you discuss your overall perceptions or understanding of education and training specific to injury prevention in New Zealand?
- Do you know of the Foundation Certificate in Injury Prevention: Te Aho Tapu?
- Do you know of other injury prevention-specific courses or opportunities for education and training in New Zealand <and Australia>?

Discuss understanding of the above (Te Aho Tapu and other named courses), content, length, target audience educational level, institutional alignment, funding source, alignment to qualifications frameworks)

- How do participants benefit from undertaking the course(s) you have discussed?

2. Other formal education and training relevant to injury prevention

- Can you discuss other formal education or training courses less or not specific to injury prevention which you would consider helpful to the education and training development of community injury prevention practitioners? (course names, content, target audience, length of programme, educational level, institution, funding source, alignment to national qualifications frameworks)
- How do you understand participants benefit from undertaking the course(s) raised?
- What do they learn and how does this transfer to their workplace?
- What other benefits do participants gain from participating (e.g. networking, opportunity to gain a qualification, stair-cased learning, professional credentialing, confidence building)?

3. Informal methods of education and training

- Can you talk about other forms of education and training that do not involve formalised course work or study you may know of that have been useful to community injury prevention practitioners (such as but not limited to; conferences, specific-issue workshops and hui or fono, newsletters, panui, and one off international guest presenter meetings)?

Section B: Looking to the future

- Can you discuss generally what you perceive are the gaps in the education and training of injury prevention practitioners?
- How do you think the gaps could be best and feasibly resolved?

A number of reports or discussion papers have communicated that there is a perceived need for further education and training of community injury practitioners. More specifically, some reports recommend development of a second step or 'bridging' educational opportunity between the Foundation Certificate and other formal undergraduate or post graduate study in injury

prevention. They also recommend an extended education and training development pathway for practitioners.

- What do you think about a mid-step or 'bridging' education and training course?

If such a course were to be developed;

- Should the course acknowledge relevant prior learning? If 'yes', how do you think this would work?
- What do you think such a mid-step course would need to cover in terms of topics/learning or skills building etc?
- What sort of institution or agency would be best suited to operating such a course? (e.g., a polytechnic or institute of technology, ITO, private provider, or agencies leading injury prevention work such as ACC or IPNANZ?)
- Would a formal certificate or even diploma be useful?
- Would a diploma level/post-graduate qualification that followed on from this mid-step course be beneficial? If yes, in what way?
- Are you aware of similar course products already being offered elsewhere?
- How are these courses funded?
- Do you think that mid-step or other courses/education and training opportunities could be effective for community injury prevention practitioners if operated by distance or online learning approaches?
- Are courses offered out of Australian institutions appropriate for New Zealand/Aotearoa community injury prevention practitioners?
- Is there an ongoing market to guarantee the sustainability of the course(s) discussed?

Is there a need for a more standardised continuing education and training system of some sort for community injury prevention practitioners? And alignment to NQF or other qualification framework?

Section C: Conclusion

- Finally, can you talk about three key things that need to be considered in improving the education and training of community injury prevention practitioners?
- Do you have any other comments that would be valuable to this project?

Appendix III – Informed Consent Sheet

Informed Consent

Re: Taking Part in Injury Prevention Workforce Education and Training Development Interview

I of (address/organisation)
agree to take part in the above research as described by Alistair Mac Donald.

I understand that:

- I do not have to take part in the research
- I can stop the discussion at any time
- Research notes or reports written by Alistair Mac Donald will not identify me
- Information collected by Alistair Mac Donald on behalf of the NZIPS Secretariat during the research will be held securely
- I can request an audio file of the interview
- This signed agreement will be held securely on file by Alistair Mac Donald.

Signed: _____

Date: _____