Appendix A - Career and Salary Progression (CASP) Framework

Applies to:
Allied Health & Public Health Salary Scale
Alcohol & Other Drug Clinicians
Hauora Maori Workers (Levels 2 & 3)
Health & Clinical Support Workers (Levels 2 & 3)
Psychologists

Introduction
The Career and Salary Progression (CASP) framework establishes a fair, transparent and consistent process for career and salary progression for practitioners on the non-automatic salary steps on the following salary scales who wish to apply for salary progression: Allied Health, Alcohol & Other Drug Clinicians, Hauora Maori Workers (Grades 2 & 3), Health & Clinical Support Workers (Grades 2 & 3) and Psychologists.

This Schedule provides all practitioners and their managers with the framework and process agreed between District Health Boards (DHBs) and the Public Service Association (PSA). The framework has been developed as a single document that will be used by all professions and is a prospective process involving the mutual setting of goals between a practitioner and their manager.

The framework provides practitioners with a pathway for career progression and salary review appropriate to their individual, profession and service requirements. Practitioners on the non-automatic salary steps who choose not to participate in the CASP process must continue to demonstrate ongoing competency at their current salary step.

Many of the activities described in this document could be applicable to practitioners on the automatic salary steps. However, for practitioners participating in CASP, the objectives that they develop will further extend their practice. Their work will contribute to the ongoing development of both themselves and the service that they work in. It is also expected that they will be leading other practitioners to integrate the DHB’s Vision, Values and organisational Goals into practice. Practitioners accessing this framework may be working in either specialist or generalist areas of practice and their activity may occur in acute, ambulatory, community, rural, public health or other settings involving clients with physical and/or mental health issues, and other key stakeholders.


Māori Responsiveness/ Te Anga atu ki ngā Hiahia o te iwi Māori
Kua oti te anganga atu ki ngā hiahia o te iwi Māori te tuhitui ki roto i te anga o CASP. Kua inoi atu ki ngā kaimahi kia whakaaro tia ētahi pūkenga matua i ia wāhanga o ā rātou kāpuinga mahi, e whakaatu mai ana i ngā urupare hāngai ki ngā hiahia hauora o te iwi Māori. Ka kite tonu ngā Kaimahi Hauora Ngaio i roto i ngā kaupapa e hāngai ana ki ia wāhanga tētahi tauira me pēhea e huri mai ai ki te tautoko i te hunga Māori, me pēhea hoki e whakapakaritia ai ngā hua hauora mō ngā Māori i roto i ngā mahi.

Kua oti te kaupapa te Toi o ngā Mahi Anga atu ki ngā Hiahia o te iwi Māori mā te hunga Māori, heī whakawhānui i te akoranga, i te whakamanatanga, me te whakatinatanga o ngā mōhiotanga ahurea, ngā pūmanawa me ngā pūkenga e hāngai pū ana, ina mahi tahi me te iwi Māori. Kei roto i tēnei wāhanga kāpuinga mahi tētahi wāhi mā ngā kaimahi Māori e mahi ana i ngā wāhanga hauora ahakoa ki hea, engari ka noho ēnei heī tautoko i ngā rāngai e tino hāngai ana ki te Māori. Ko ngā ariā me ngā mahi e pā ana ki te anga atu ki ngā hiahia o te
Responding to the needs of Māori has been incorporated throughout the CASP framework. Practitioners are encouraged to consider core competencies within each of the domains of practice that aim to express appropriate responses to Māori health needs. The Practitioner will note within the themes corresponding to each domain an example of how they might demonstrate behaviours conducive to Māori and supportive of positive health outcomes.

The practice domain of Advanced Māori Responsiveness has been developed to extend the acquisition, acknowledgement and implementation of specialised cultural knowledge, skills and competencies when Māori are specifically working with Māori. This practice domain provides scope for Māori practitioners who may be employed in any health care setting, however will be supportive to Māori focused contexts.

_The concepts and practices regarding Māori responsiveness have been developed and integrated in partnership with Te Rau Matatini._

**Statement of Accountability**

The CASP Framework process requires mutual responsibility and accountability of all staff involved. This should include the individual practitioner, their manager(s) and the professional representative for that discipline. The process is prospective and includes setting objectives, preparing the agreed evidence within the practitioner's portfolio, and presenting achievements at the annual performance review meeting. The practitioner being appraised is responsible for meeting their own tasks and highlighting issues with their manager that may impact on their ability to complete activities within agreed timelines. If this does not occur the salary progression process could be discontinued at that time, although the annual performance review process will be completed.

**Principles**

The principles of fairness, transparency and consistency in the application of the Career and Salary Progression (CASP) Framework will be achieved by:

1. Establishing agreed expectations and associated evidence required between the individual, their manager and professional representative
   a) The CASP framework will be a prospective process and will take a minimum of one year to complete
   b) It will align with regulatory and professional standards as appropriate
   c) It requires achievement of a satisfactory performance review as agreed by both parties prior to the commencement of CASP
   d) It requires that a practitioner is not under a performance management process
   e) It establishes challenging expectations within the practitioner’s current role, which could be via a clinical/practice and/or a managerial pathway
   f) Where a professional representative is not available for practitioners within a local DHB, one will be appropriately sourced from the region in the first instance
   g) Both the individual and their manager share accountability for initiating and maintaining the CASP process

**Process**

1. The practitioner selects the themes within each domain and develops SMART objectives (in consultation with a suitable professional representative from that discipline).
2. The compulsory domains and the number of objectives required are outlined in the table below. Non-compulsory domain objectives are completed from any practice domain within the document relevant to the position, service requirements and development needs of the practitioner.
<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Compulsory Domains</th>
<th>Total Number of Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health, AOD Clinicians, Health &amp; Clinical Support</td>
<td>Clinical &amp; Professional Practice</td>
<td>– 6 if employed 0.6FTE – 1.0FTE</td>
</tr>
<tr>
<td>Workers (Level 3)</td>
<td>One objective demonstrating Maori responsiveness (can come out of any of the practice</td>
<td>– 4 if employed up to 0.6FTE</td>
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<td>domains &amp; may be part of the Clinical &amp; Professional Practice objective)</td>
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</tr>
<tr>
<td>Hauora Maori Workers (Level 3) &amp; practitioners in Maori</td>
<td>Advanced Maori Responsiveness</td>
<td>– 6 if employed 0.6FTE – 1.0FTE</td>
</tr>
<tr>
<td>designated positions/services.</td>
<td>Clinical &amp; Professional Practice</td>
<td>– 4 if employed up to 0.6FTE</td>
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<tr>
<td>Hauora Maori Workers (Level 2)</td>
<td>Advanced Maori Responsiveness</td>
<td>– 4 if employed 0.6FTE – 1.0FTE</td>
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<tr>
<td></td>
<td>Clinical &amp; Professional Practice</td>
<td>– 3 if employed up to 0.6FTE</td>
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<tr>
<td>Health &amp; Clinical Support Workers (Level 2)</td>
<td>Clinical &amp; Professional Practice</td>
<td>– 4 if employed 0.6FTE – 1.0FTE</td>
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<td></td>
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<td>– 3 if employed up to 0.6FTE</td>
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</table>

3. The objectives are signed off by the appropriate manager(s)
4. The practitioner completes the work during the year, with the evidence kept in their professional portfolio
5. The objectives and evidence of the completed activity is reviewed at the end of the year by the line manager, with discipline-specific professional input
6. Consultation between the practitioner and their manager(s) should be ongoing throughout the year to allow for any amendments should circumstances change or additional opportunities present themselves
7. If all agreed activities have been completed, then the salary progression occurs
8. Where there are disagreements during this process, local DHB dispute resolution processes will apply

**Professional & Clinical Practice**

This practice domain is fundamental to the CASP Framework. All practitioners are employed in clinical and/or professional practice roles where this activity forms the majority of their outputs.

Practitioners will be:
- Demonstrating significant and advanced clinical/professional practice skills and competencies aligned to their discipline-specific standards, expectations, codes of ethics and service requirements;
- Demonstrating an ability and willingness to pass their knowledge and expertise on to other practitioners at local, national and international levels as appropriate;
- Demonstrating clinical/professional practise leadership within their profession, wider than their immediate service environment; and
- Collaborating, initiating and/or developing partnerships that impact on clinical/professional practice at local, regional or national levels.
- Demonstrating clinical/professional practice that uphold tikanga based principles.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Examples of Activities</th>
</tr>
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</table>
| Demonstrates professional/clinical (practice) leadership/knowledge   | - Acts as a resource person  
- Demonstrates innovation in practice  
- Critical consumer of literature and demonstrates integration into practice  
- Acknowledges the significance and use of te reo Māori and can communicate using basic greetings with appropriate pronunciation  
- Acknowledges and actively engages in the impact of whaka whaanga on a person’s life story |
| Acts as a clinical/professional resource person                       | - Provides peer review  
- Provides clinical guidance/mentoring  
- Develops formal teaching/papers  
- Develops resource materials for populations  
- Influences community and population health issues  
- Involvement in service specific contract negotiation  
- Uses advanced professional knowledge and expertise to act as a resource  
- Provides formal review of professional practice of a colleague external to the organisation  
- Welcomes manuhiri by providing a welcoming environment and facilitates interactive communication |
| Develops collaborative partnerships that impact on clinical/professional practice | - Develops and maintains strategic relationships internal/external to the organisation  
- Advances strategic relationships internal/external to the organisation  
- Advances consumer involvement in the provision of health or health services  
- Advances effective team working  
- Demonstrates the acknowledgement of the significance and use of te reo Māori and communicates using basic greetings with appropriate pronunciation  
- Aligns frameworks, practices and concepts to Māori paradigms of health |
| Advances strategic relationships internal/external to the organisation | - Demonstrates the development of new relationships or expands current relationships between provider arm services and the primary/NGO sector and/or other agencies  
- Demonstrates consumer involvement in service development/review and/or the provision of health or health services  
- Advances effective team working  
- Demonstrates the acknowledgement of the significance and use of te reo māori and communicates using basic greetings with appropriate pronunciation  
- Demonstrates the acknowledgement of frameworks align practices and concepts to Māori paradigms of health |
### Demonstrates advancing clinical /professional competency
- Identifies and responds to clinical /professional risk
- Demonstrates clinical/professional effectiveness
- Manages increasingly complex ethical/professional/clinical situations, acknowledging cultural linkages and views (tuakiri)
- Demonstrates advancing assessment/intervention skills, acknowledging concepts and perceptions of Māori spirituality
- Demonstrates an understanding of traditional views of health of other cultures and aligns this with practice

### Contributes to relevant Professional Body
- Participates in Advisory Committees, Competency Panels, Registration Authorities or other groups relevant to the profession/discipline
- Contributes to the development of national standards of practice
- Presents a paper at a national/international professional meeting/conference/workshop
- Presents as an invited keynote speaker at a national/international professional meeting/conference/workshop
- Participates in a professional working group / review group (external to the DHB) at a local /regional /national or international level
- Participates as a reviewer in a profession-wide peer review process

### Teaching & Learning
All practitioners participate in these activities throughout their careers. For practitioners on the non-automatic salary steps, there is an expectation that they will be providing appropriate leadership in this area and, where opportunities exist, may be:
- Actively involved in mentoring and supervision of students and/or other practitioners;
- Actively engaging with a wide variety of stakeholders; and
- Leading and initiating teaching & learning activities at local, national and international levels as appropriate; and may be
- Actively participating in post-graduate work or study
- Actively supporting Māori methods of learning

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Activities</th>
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| **Actively seeks opportunities to develop self professionally** | - Undertakes post-graduate work relevant to the profession and/or the service  
- Writes an article/paper for publication relevant to the profession/service  
- Undertakes research relevant to the profession and/or the service  
- Implements new directions and/or areas of service provision  
- Is a critical consumer of the literature and can demonstrate changes in service provision following implementation of practice change  
- Specialises or provides practice to a niche area, benefiting the service provided  
- Aligns frameworks, practices and concepts to Māori paradigms of health |
<table>
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<tr>
<th>Theme</th>
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</table>
| **Actively seeks opportunities to develop staff within or external to the service/discipline** | - Provides supervision and/or peer review (where this is not a core requirement of the role) to other staff which may include specific problem solving sessions  
- Implements quality projects aimed at directly improving services provided  
- Organises and provides continuing education of staff which may include development and implementation of in-service programmes, relevant educational materials and inter-professional educational activities  
- Organises and delivers presentations external to the organisation to a variety of stakeholders and the development of educational materials if required  
- Is involved with teaching professional/clinical practice at a relevant tertiary organisation for undergraduate or postgraduate students of the same or another discipline  
- Organises and participates in a relevant professional course/conference/workshop  
- Demonstrated involvement with iwi, other Māori providers and Māori trainers |

**Evaluation & Research**
This practice domain emphasises the development of evaluation and research skills so that they can be applied to the clinical & professional practice environments in particular. It is essential to support the development and implementation of these skills so that practitioners can incorporate practice-based evidence that underpins their work, demonstrating quality and improved health outcomes while contributing to local service delivery.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Activities</th>
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| **Maintains and updates knowledge in practice** | - Critically evaluates current research literature and shares this information with others  
- Searches for and critiques research material in areas of practice  
- Initiates service improvements through validated research findings in clinical practice/service delivery  
- Develops treatment protocols or evidenced based guidelines  
- Takes responsibility for the generation, implementation and review of relevant protocols/procedures |
<table>
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<tr>
<th>Theme</th>
<th>Examples of Activities</th>
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| Participates in outcome measurement and reflects this in practice  | - Participates in evaluation and outcome measurement and incorporates recommendations into practice  
- Initiates ideas/programmes/interventions and/or strategies that may lead to improvements in practice, operational service delivery or wider community health outcomes  
- Implements research within the constraints of the organisation – may include quality assurance, evaluation projects and consumer outcome measurement systems |
| Research participation and development                               | - Actively participates in research activity in professional development/management/leadership issues  
- Leads (or actively participates) in research projects which may include service reviews, documentation audits, practice audits and change of practice  
- Submits a research activity/paper for publication  
- Leader of a project that involves a multidisciplinary team at local or national level  
- Acts as a peer reviewer for academic journal  
- Reviews research protocols at local or national level  
- Actively participates in the development of standards of practice based on theory, research and evaluation  
- Conducts research as a principle investigator/co-investigator in research activity within/external to organisation |
| Undertakes relevant post graduate/tertiary study                    | - Completes all study requirements  
- Applies and disseminates knowledge to colleagues and peers to enhance practice and improve health outcomes  
- Applies key research principles for Māori involvement  
- Sources mandate from appropriate forums for Māori research projects |

**Leadership & Management**  
This practice domain focuses on the development and application of leadership and management skills, particularly (but not exclusively) for those practitioners in designated roles with responsibility for clinical/practice leadership and/or beginning management responsibility. The practitioner will support or lead tikanga based principles.
<table>
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<tr>
<th>Theme</th>
<th>Examples of Activities</th>
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| **Demonstrates Leadership**                                          | - Demonstrates and promotes integration of the DHB's Vision, Values and Goals  
- Provides leadership and/or management for a group of health practitioners within a team (where this is not a core requirement of the role)  
- Leads appropriate change management initiatives  
- Provides representation of the team perspective to senior managers  
- Develops and extends networks with peers and professional colleagues internal and external to the DHB, including training institutions  
- Resolves ethical and professional issues relating to self and others clinical/professional practice  
- Leads and supports an aspect of Māori /other cultural competence development within a service area  
- Challenges culturally inappropriate practices and supports staff to make changes |
| **Understands and integrates national or international policies, guidelines, strategies and/or legislation into clinical/professional practice** | - Demonstrates an understanding of national policies, strategies and/or legislation and their impacts on Māori health care delivery  
- Integrates the requirements / recommendations into specific clinical/professional situations  
- Provides guidance to other practitioners regarding the impact of requirements / recommendations on clinical/professional practice  
- Contributes to consultation on the implementation and practice of legislation and policies etc |
| **Advocates for the professional group within wider political arena and / or work environment** | - Represents the views of their professional group  
- Represents their profession while participating in working parties, professional groups, in areas of review and professional policies/procedures  
- Actively supports and advocates within their profession to meet the core health goals identified by the Ministry of Health and/or the strategy within the District Annual Plan |
| **Demonstrates operational management skills**                       | - Contributes to the efficient organisation and performance of the team  
- Deputises for Service Manager/ Professional Leader/Advisor or representative when required  
- Leads team building and development activities  
- Leads conflict resolution processes  
- Identifies and resolves risk management issues  
- Leading and prioritising work at times of staff shortages |
### Theme | Examples of Activities
--- | ---
Undertakes project management activities | - Demonstrates project management skills e.g. scoping, business case development, stakeholder and risk management, communication plans, resource management, reporting requirements, project implementation and evaluation  
- Demonstrates understanding of the financial implications/budget restraints/resources available and works within these  
- Demonstrates consultation with stakeholders  
- Promotes and markets the project  
- Manages change related to the project

Demonstrates advancing team-member skills | - Values and encourages the diverse contribution of team members  
- Facilitates a problem solving approach  
- Demonstrates effective negotiation skills  
- Demonstrates a constructive approach to conflict resolution  
- Identifies and constructively manages disruptive behaviour within the team  
- Advocates for and supports the team members  
- Raises the profile of the team / profession  
- Demonstrates of role modelling the principles of whanaungatanga

### Quality & Risk Management / Service Development
Practitioners participate in these activities throughout their careers. For practitioners on the non-automatic salary steps, there is an expectation that they will be providing appropriate leadership in this area and expanding their view beyond the immediate work environment to include critical evaluation, analysis and reflection of the impact and quality of their service delivery on other teams, services, disciplines and/or organisations. Practitioners will be:
- Actively participating in quality activities (across the organisation);  
- Actively engaging with a wide variety of stakeholders inclusive of Māori; and  
- Leading and initiating Quality & Risk Management / Service Development activities as it impacts on their team, discipline and/or service.

### Theme | Examples of Activities
--- | ---
Contributes to quality projects or activities (individual or team) | - Leads (or actively participates) in quality initiatives and quality assurance activities including service reviews, clinical audits and change of practice  
- Takes responsibility for service changes and developments in alignment with DHB objectives  
- Identifies gaps in the service and takes steps to remedy them  
- Takes an active role in resolving ethical professional or service issues  
- Initiates effective processes with another service to enhance collaborative working  
- Initiates ideas/ programmes/ interventions and/or strategies that may lead to
### Theme

### Examples of Activities

- Improvements in clinical practice, operational service delivery or wider community health outcomes
  - Relates goals and actions to strategic aims of the organisation and profession

### Takes a leadership or proactive role with the team/service that supports the Service Manager/Line Manager in achieving strategic direction

- Enhances the team’s achievement of the organisational goals/strategic direction
  - Takes a primary role in the strategic direction of the service
  - Provides coaching, mentoring, supervision and development of other staff
  - Initiates ideas/programmes/interventions and/or strategies that may lead to improvements in clinical practice, operational service delivery or wider community health outcomes
  - Contributes to the development and delivery of service plans
  - Influences the direction of the service e.g. projects, contracts etc.
  - Challenges culturally inappropriate practices and supports staff to make changes

### Develops, updates and/or implements clinical policies, procedures, standards or guidelines

- Uses the available evidence as the basis of development/review
  - Implements improvements which may relate to aspects of clinical, cultural or service provision/delivery
  - Prioritises policies and practices that achieve fair and effective allocation of resource and improved health outcomes

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**Advanced Māori Responsiveness / Te Toi o Te Anga Atu ki ngā Hiahia o te Iwi Māori**

Kua oti tēnei wāhanga kāpuinga mahi te whakarite i roto i ngā māhi tahitanga ki Te Rau Matatini, ā, hei whakawhānui tēnei i ngā pūkenga a ngā kaimahi Māori, i runga i te tikanga whakatairanga i ngā ārītenga o te anga atu ki te Māori, ki te hunga ehara i te Māori, me te mōhio anō, arā anō ngā rerekētanga o ngā mōro mōri nei. He mea tēnei me mātua whakaotanga, mā ngā kaimahi hauora ngaio i ngā ratonga/tūranga e tohua ana he ratonga e hāngai ana ki te Māori, inā koa, ngā ratonga Kaupapa Māori, ā, ka taea te whai e ngā kaimahi Māori o ngā ratonga auraki e mahi tahi ana me te Māori. Ko te whakapakaritanga o ngā whāinga o roto i ēnei kaupapa i raro iho nei tētahi hua o te whakawhanaunga e ahu mai ai ngā māhi tiaki, tohutohu, ārahi, tohutohu hoki i te hunga e tika ana i roto i ō rātou rōpū, i te hapori nui tonu hoki.

This practice domain has been developed in partnership with Te Rau Matatini and advances the competencies for Māori practitioners in a way that highlights the commonalities for non-Māori and Māori responsiveness, as well as acknowledging points of difference. It is compulsory for practitioners in Māori designated positions/services e.g. Kaupapa Māori services, and optional for other Māori practitioners in main-stream services who work with Māori. The development of objectives based on the themes identified below relies on maintaining key relationships to ensure oversight, direction, leadership and guidance from the appropriate people within their organisations and community.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wairua</strong></td>
<td>- Demonstrates processes and an understanding of the depth of the spiritual realm that a person may encounter, (inclusive of people and environment) e.g.</td>
</tr>
<tr>
<td>Recognises an individual's spirituality and the significance in their well-being</td>
<td>o Guides tangata whaiora to identify tapu, noa and rahui and the impact on (for example) their hinengaro, whenua or whakapapa</td>
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<tr>
<td></td>
<td>o Utilises Māori frameworks to gauge the realm tangata whaiora is sitting in e.g. te whare tapa wha, te wheke, pae tonga, takarangi framework etc</td>
</tr>
<tr>
<td><strong>Te Reo</strong></td>
<td>- Demonstrates leadership and fluency of communication in a range of settings, exchanges and dialects e.g.</td>
</tr>
<tr>
<td>Recognises the diversity of cultures and languages. Respects the value of te reo Māori and its usage in the health setting</td>
<td>o Develops resource materials for the team/service</td>
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<tr>
<td></td>
<td>o Introduces Māori language to other team members</td>
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<td></td>
<td>o Acts as a resource person within the organisation</td>
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<td></td>
<td>o Seeks leadership and guidance from pakeke, koroua and kuia</td>
</tr>
<tr>
<td><strong>Whakawhanaunga</strong></td>
<td>- Demonstrates leadership in the context of inter-generational principles around Ko Āu, Whānau and Whanaunga e.g. the development of a case study that is available as a learning activity for other practitioners that includes:</td>
</tr>
<tr>
<td>Recognises an individual’s choice of family and friends and their interconnected relationships</td>
<td>o Whākapapa</td>
</tr>
<tr>
<td></td>
<td>o Familial and other relationships of tangata whaiora</td>
</tr>
<tr>
<td></td>
<td>o The importance of relationships of tangata whaiora</td>
</tr>
<tr>
<td></td>
<td>o A clear understanding of the way the family operates and explores how their patterns of behaviour can impact on subsequent generations</td>
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<tr>
<td></td>
<td>o Recommends appropriate intervention taking the above concepts into consideration</td>
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<tr>
<td><strong>Tuakiri</strong></td>
<td>- Demonstrates and facilitates positive changes in maintaining hauora</td>
</tr>
<tr>
<td>Recognises the importance of a person’s unique identity</td>
<td>o Promotes tangata whaiora to make appropriate choices for healthy lifestyles</td>
</tr>
<tr>
<td></td>
<td>o Demonstrates Māori frameworks to facilitate hauora e.g. pōwhiri poutama, rangi matrix, te whare tapa wha, te wheke</td>
</tr>
<tr>
<td><strong>Manaaki</strong></td>
<td>- Leads and responds to a variety of settings that engage with tangata whaiora and their whanau i.e. marae, hui, whanau etc as tangata whenua or manuhiri</td>
</tr>
<tr>
<td>Recognises the extent of importance in showing respect or kindness to people</td>
<td>o Develops resource for the team/service</td>
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</tbody>
</table>
|                          | o Role models and leads the concepts of manaaki to tangata whaiora/whānau and
<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Activities</th>
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</table>
| Ngakau Māori | - Develops and delivers education based upon Māori frameworks to inform professional/clinical practice  
- Provides cultural supervision for other Māori practitioners  
- Actively leads strategic planning and direction of Māori services that improve Māori outcomes  
- Monitors and evaluates effectiveness of planned intervention |

### Cultural Responsiveness

This practice domain advances the competencies for practitioners regarding cultural competence for pacific cultures or for people from other cultures that you interact with in your clinical/professional practice. Cultural Responsiveness requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people from different cultural backgrounds. It also requires awareness of the practitioner’s own identity and values, as well as an understanding of how these relate to practice. Cultural mores are not restricted to ethnicity but also include (but are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status or received economic worth (NZ Psychologists Board, April 2006). The development of objectives based on the themes identified below relies on maintaining key relationships to ensure oversight, direction, leadership and guidance from the appropriate people within local organisations and the community.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Activities</th>
</tr>
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</table>
| Demonstrates alignment of clinical /professional practice and appropriateness with the DHB’s Pacific Policy | - Develops and maintains relationships with the Pacific Health services  
- Demonstrates a working relationship with Pacific Health providers (including NGOs)  
- Develops understanding and analysis of current issues in specific client groups  
- Links DHB Strategic Plan with clinical practice in key target areas identified by Pacific Health |
| Develops an in-depth understanding of Pacific approaches to health | - Researches an identified Pacific culture, its wider environmental context, leadership structure and its interplay with clinical practice  
- Researches DHB vision and values and their link with Pacific cultural values and principles  
- Researches Pacific People’s traditional views on health  
- Researches governance/partnership systems in the DHB and links this to own role and responsibilities  
- Researches disparities in the DHB population and links to issues within own service |
| Demonstrates alignment of clinical /professional practice and appropriateness with policies related to other cultural | - Develops and maintains relationships with groups representing an identified culture  
- Demonstrates a working relationship with relevant community resources |
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<th>Examples of Activities</th>
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| population groups represented in your DHB                           | - Demonstrates an understanding and analysis of current issues in specific client groups  
- Links DHB Strategic plan with clinical practice in key target areas |
| Develops an in-depth understanding of an identified cultural group within your DHB | - Researches into an identified culture, its wider environmental context, leadership structure and its interplay with clinical practice  
- Researches DHB vision and values and that culture’s population groups principles of health, linking this to own role and responsibilities  
- Researches disparities in the DHB population and links this to own service |
| Leads and supports an aspect of cultural responsiveness within own service area | - Demonstrates leadership and role-modeling in both clinical and professional practice and service delivery  
- Challenges culturally inappropriate practices and supports staff to make changes  
- Is actively involved in developing cultural policies within own service  
- Develops needs assessment of cultural requirements for staff  
- Cultural knowledge and appropriateness is applied to clinical and professional practice  
- Demonstrates an understanding of own issues regarding cultural intervention  
- Demonstrates a working relationship with relevant community groups  
- Develops understanding and analysis of current issues in specific client groups  
- Leads the DHB Strategic Plan with clinical practice in key target areas |
CASP – Setting Objectives

Practitioner checks for eligibility with their manager

Practitioner attends a CASP training session

Practitioner meets with professional leader/ advisor or other professional representative and their line manager to prepare their plan (draft objectives & required evidence).

Practitioner completes their salary progression document (objectives, evidence & timeframes) within 3 months of the performance review & commencement of their draft document (you are able to provisionally plan prior to your review to decrease time delay).

Plan is signed off by one-up manager following agreement by line manager and professional leader (or representative).

Objectives will be reviewed regularly within the agreed timeframe and may be amended by mutual agreement between the practitioner & line manager, one-up manager and professional leader/ advisor, representative.

Note: eligibility includes:
- on a non-automatic salary step
- Current acceptable performance review.

Note: it is important to have a full understanding, however access should not be denied if training is not available locally.

Note: depending on skill of practitioner, they may not need professional input at this stage.

Note: you may want to consider local moderation at this stage, i.e. discuss with a professional leader/ advisor from another discipline.

Note: the one-up principle applies here. Your manager’s manager MUST sign the plan off before you start the work.

Note: as per local DHB performance review processes.
CASP – Submitting Your Evidence

Relevant information from the professional portfolio is collated by the practitioner to correspond to the agreed evidence during the setting of CASP objectives. The portfolio & covering documentation will be given to the line manager.

The line manager provides written acknowledgement of receipt of portfolio within 72 hours. The line manager & professional leader/ advisor or other agreed representative reviews the portfolio information within a mutually agreed timeframe (no later than four weeks).

Do the line manager, one-up manager and professional leader/ advisor or representative agree that the work has been completed appropriately? This may include a discussion with the applicant.

Yes

Line manager lets practitioner know & completes all relevant documentation for a salary increase.

One-up manager does not support an increase.

No appeal lodged, salary decision stands.

No

Practitioner completes additional documentation within agreed timeframe.

Practitioner is advised of right to appeal an appeal (as per local DHB process) within 15 working days.

One-up manager agrees that salary progression can proceed.

Line manager informs the staff members what work is required to complete their agreed evidence.

Line manager informs the staff member that the work is insufficient and a salary increase is not warranted.

Practitioner requests a review of this decision by the one-up manager.

Meets with one-up manager.

One-up manager does not support an increase.

Line manager informs the staff members what work is required to complete their agreed evidence.

Line manager informs the staff member that the work is insufficient and a salary increase is not warranted.

Practitioner requests a review of this decision by the one-up manager.

Meets with one-up manager.

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