Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

Follow up results of Skills Matter students from 2015

"I would advocate for everyone who comes out of their Bachelors that they need to do this …". (NESP student)

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Te Pou
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Skills Matter is a workforce development programme within Te Pou.

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Introduction

Skills Matter is a workforce development programme that funds programme providers to deliver post entry clinical vocational training to mental health and addiction clinicians. The six courses contain clinical and academic components:

- New Entry to Specialist Practice Nursing (NESP)
- Clinical Leadership in Nursing Practice (CLNP)
- New Entry to Specialist Practice – Allied health (Allied)
- Infant, Child and Youth Mental Health and Addiction (Child and Youth)
- Coexisting Substance Use and Mental Health (CEP)
- Cognitive Behaviour Therapy (CBT).

The Skills Matter team within Te Pou o te Whakaaro Nui (Te Pou) manages and administers contracts with programme providers on behalf of the Ministry of Health. The contracts are to deliver the training programmes and provide support to students. The Skills Matter team also promotes the availability and purpose of the training to the mental health and addiction sectors on the website hosted by Te Pou.

Te Pou has quality assurance processes to ensure that each programme provider is delivering the core components of the Skills Matter programme and that these are functioning as expected. All students who are funded through Te Pou are invited to complete a survey at the end of each academic year. Providers are also followed up with a brief survey at the beginning of each year.

In 2016, it was decided to also follow up a sample of students who obtained Skills Matter funding in 2015 to better understand the longer-term outcomes of their training. This report summarises the findings of the resulting interviews.

The evaluation

Method

Names were selected from the list Te Pou held of all students funded by Skills Matter in 2015. It was a purposeful selection with the aim of including representation from each of the six courses, Māori and Pacific participants, people in different roles and those from different age groups. It was also important to ensure a mix of genders. The sample included 15 women and eight men.

The 23 interviews were conducted between the end of July and the beginning of November in 2016. All interviews were carried out by telephone except for one face-to-face interview.

The topic guide and information sheet

Interviewers sent an information sheet about the study to participants prior to the interview. They also reviewed the sheet with participants at the start of each interview to ensure fully-informed consent. A copy of the information sheet can be found in Appendix A.

A topic guide was developed with relevant Te Pou colleagues. It contained 14 questions and covered:

- reflections on the course
- experiences in applying lessons learnt from the course

- changes in practice
- changes in outcomes for service users
- sharing course information with colleagues
- changes in the organisation in which participants worked.

The topic guide can be found in Appendix B.

Participants' details

Table 1 - Courses attended by participants in 2015

Course name	Number
NESP	5
CLNP	5
Allied	4
Child and youth	4
CEP	3
CBT	2
Total	**23**

Table 2 - Ethnicity of participants

Ethnicity	Number
NZ European	9
Māori	6
Pacific	5
South African	1
British	1
Other European	1
Total	**23**

Table 3 - Roles in which participants worked

Role	Number
Nurse	12
Social worker	4
AOD Practitioner	3
Occupational therapist	3
CAMHS clinician	1
Total	**23**

Limitations of the evaluation

Interviews with Pacific participants were conducted by a Pacific evaluator in an attempt to use the most culturally appropriate process possible. There were insufficient resources to conduct them face-to-face as participants were scattered around the country. Unfortunately, it was not possible to find a suitable Māori interviewer in time for the interviews with Māori. This is important because it is best practice to pair participants with interviewers of the same cultural background. This

provides a greater level of cultural safety for interview participants and leads to a greater level of understanding of cultural context for the interview material.

It was very difficult making contact with potential participants, thus extending the timeframe over which the interviews were conducted. Some contact details were no longer current and every effort was made to track down people. Many phone calls were made to likely employers and public internet services such as Google search, Facebook, and LinkedIn were thoroughly searched.

Once located, some people were unable to respond to emails and/or phone messages. Once direct contact was made, all but a few (very busy) people agreed to be interviewed.

Findings

Reflections on the courses

The comments about the courses undertaken and the way they were delivered were generally very positive. These mirrored the very positive ratings received from the student surveys conducted at the end of 2015[1].

The courses were delivered well with engaging presenters and guest speakers. Participants indicated they had access to excellent resources and benefitted from meeting other students.

The content was relevant to participants' work and helped them consolidate previous learning and expand their academic skills.

Several people expressed gratitude for funding to do the course with the help of Te Pou.

There were a few other aspects of some courses that needed attention. They were found to be:

- delivery of the courses using 'old style' methods was boring
- some class sizes were too big
- poor communication around the delivery of paperwork
- course material not being applicable to some settings in which participants worked.

Key learnings taken away from the courses

There was a wide range of key learnings that participants took away from their courses. This included gaining a greater understanding of:

- dynamics in therapeutic relationships
- family dynamics
- case formulation
- assessment and diagnosis
- a wider range of treatment options
- the health system as a whole
- how to conduct audits.

People learnt about new topics like reflective practice, post-traumatic stress disorder, obsessive-compulsive disorder and recovery.

Participants improved their ability to make a case based on sound evidence and to communicate better with those from other professional groups. In some instances, this prepared people for more senior roles and for further study.

[1] *A series of six programme reports are produced each year detailing the results of students surveys carried out by Te Pou.*

Enablers of deepened/sustained learning

Factors that helped participants to deepen and/or sustain their course learning included:

- applying it to their day-to-day practice
- keeping up to date with the research
- having managerial and collegial support - showing interest and encouraging ongoing learning
- having sufficient time to implement changes
- referring back to course notes/workbook
- sharing the learning and experiences with others
- applying learning to practice.

One person indicated that the learning stopped once the course was over.

Experiences in trying to implement course learnings

Participants mentioned many ways they were able to implement course learnings into their work. People constantly thought about applying the theory to their practice – especially where it was directly applicable. They now used evidence to inform their decisions and indicated service users valued the new approaches.

Participants had greater confidence in their work and were able to argue points based on their learning. A number gave presentations and/or engaged with colleagues and people from other professions. People motivated others to undertake similar courses.

Some participants reported that support from their managers was the key to good implementation of course learnings.

There were some barriers to implementation of course learnings. The one mentioned most often was resistance from more experienced staff who had been practicing a certain way for a long time. One younger participant was so frustrated at not being heard that she left the mental health profession altogether.

Other people mentioned that some of their colleagues were unable to function at the high level required to effectively implement course lessons.

> *"I'm in a senior clinical role – and have the ability to alter forms we use. We were using some standard screens, but now we have implemented ASSIST. I found a barrier of not a high level of skill in the team, they can't give them the same level of clinical knowledge. I had to give lots of energy into teaching and gave some seminars, or trying to convince service managers who can't quite grasp what it was. This was huge." (CEP student)*

There were some organisational barriers to implementation of learnings. In one case, it was high client numbers. One participant experienced difficulty because they were trying to focus on settling into a new senior role. Some people were still somewhat unsettled because their organisations were going through major changes leaving little energy to apply new practices.

Changes in practice as result of the courses

There were numerous ways in which participants changed their practices as a direct result of undertaking their courses.

People reported that they were now applying evidence-based thinking to their work because they had the research knowledge and the vocabulary to express ideas.

> *"It's much more knowledge-based. Before I was going on my gut instincts/my feelings. I use my notes now. I have them copied and catalogued into themes. I use them every day." (Child and Youth student)*

Participants said they communicated more effectively and more confidently with service users and their family/whānau. They were able to explain things in everyday language and help establish concrete client-driven goals to work towards.

Case 1

"I keep the workbook at work because I refer to it often. Also the notes I took – I use them too. For example: To help explain liver/blood results in layman's terms – explained that to doctors. This made it more comfortable telling clients that information. I feel more confident when I tell them …. I always make sure they get [understand] the numbers.

I had one client with high [test results for liver function] – and the client agreed not to drink until the numbers got back to normal. It gave the client something tangible to aim for. It's a reality check for the client. Then I went and told the doctors off for not giving the numbers to the clients." (CLNP student)

Having a focus on what service users need/want helped participants make important gains with their clients.

> *"Being open to people's own perspectives of their own recovery journey rather than my idea of what recovery should look like." (NESP student)*

> *"My current focus is what it means to be well from the client's perspective – not what I think is good for the client. I am focusing on a recovery identity rather than a treatment identity. There's an old-fashioned view of recovery that keeps popping up that I'm always having to tell people about. Example: we take cell phones off clients between 8am and 3pm – but it's not right because this is the way of the world now. A lot of clients are responsible for their own phones." (Alcohol and Drug student)*

More than one participant mentioned their increased understanding of the entirety of a client's treatment and recovery journey as a result of doing their course.

> *"The course has changed my focus with clients. I now have an awareness of the whole treatment picture – the client's trajectory." (Alcohol and drug student)*

This helped people to be more efficient and focused in their work. They reported being able to set goals with service users based on this increased understanding and thereby offer better continuity of care.

Some participants worked in kaupapa Māori services and indicated they were more satisfied with their work because they were able to provide better clinical support to service users.

> *"… I felt I already had a strength in working with Māori and Pacific – with my people. But now it feels good that I'm delivering a service at a more clinically excellent level." (CEP student)*

> *"Having the competency and capability. I'm confident Māori are getting the same service coming to me as someone going to a mainstream service. Learning clinical language so now I can advocate for my clients. So now they don't fall through the gaps because they might have been deemed not meeting criteria. Now I can fight at the table with a psychiatrist as I have the clinical language to do so and advocate for my client." (Child and Youth student)*

Other changes to practice included:

- new material was learnt
- participants were more reflective of their practice – more confident in pausing before making decisions
- existing skills were honed
- people were taking on leadership roles – modelling good leadership to others
- the desire for ongoing education was ignited.

How the changes in practice made participants feel

All but a few participants mentioned they had increased their confidence in their practice. Many attributed this to having the evidence and terminology to back up their arguments.

> *"I feel I have skills and confidence to revisit texts and notes and talk to colleagues about how to approach the case. I know where to look to revisit the course material." (CBT student)*

> *"I have more respect [from] my colleagues – I find that people are listening more to what I'm saying instead of dismissing it - because I have evidence to back it up." (Drug and Alcohol student)*

One CLNP student reported that her team leader had commented on her increased confidence when providing clinical explanations to others about why things had to be done in certain ways. Others attributed their increased confidence to having a deeper knowledge of their subject.

> *"I love counselling and what I do. I always did CBT and loved it – but I got so much better after my course. I felt much more able, more competent after the course. It was all relevant to what I was doing. I was given the tools to work with all those underlying disorders." (CBT student)*

More experienced participants felt validated as the course strengthened the ways they preferred to work.

> *"Reinforced how I would like to work even prior to doing the course. Learning provided the theoretical base/foundation for working … essentially creating more space for clients. (NESP student)*

Others were frustrated with the lack of change resulting from their input.

> *"Is a bit frustrating… difficult to manage course work with what we do locally. People in my organisation didn't welcome the DSM5… still wanted to use the DSM4 because they are used to it. But I still use the DSM5 and there's no issue [within my organisation] with me using it. However, it is difficult to relate back into our system which is based on the DSM4." (Child and Youth student)*

Some participants indicated they felt more ignorant the more they learnt because they could now appreciate how little they knew.

One person felt nervous about starting in a new senior role.

> *"I feel a bit nervous that my scope is shifting – and the specificity - there's an ambiguity in what I'll be learning. I'm one of a small handful of advanced nurse practitioners in NZ. I'm creating some specificity around my new learning outcomes." (CLNP student)*

Ways participants have shared knowledge with colleagues

A number of participants gave in-house presentations, workshops and training to colleagues to impart their course learnings. Others led discussions at team meetings and/or quoted directly from the evidence they now had. Some people also shared their ideas with colleagues from other professional groups and agencies.

> *"I often do teaching sessions within the ward. They tended to only look at the bio-psycho-social – now getting them to look at physical health as well." (CLNP student)*

> *"Have done a few in-services on comprehensive assessments so they're getting the right information. Then quality has improved." (CEP student)*

> *"We do this in our [multidisciplinary teams] where we present clients to colleagues. Having a shared language helps to facilitate the discussion." (Child and Youth student)*

Some used their knowledge to update senior management on the latest thinking. Others now had the confidence to use their knowledge to make the case for various treatment options (based on evidence) and even more senior colleagues changed their practice.

> *"More so, I guess I can say 'This is my formulation'. Now I will go to my supervisor (a psychiatrist) – this is my diagnosis – and they will review it and maybe discuss it with me. They also might change the treatment. For me, it's made another clinician who can really drive service change in a more fulsome manner." (CLNP student)*

One Māori participant accompanied colleagues on visits to Māori clients and whānau. This helped to guide them through the tikanga and to see things from a te ao Māori (Māori world view) perspective.

> *"I go and support my colleagues to visit family and support tikanga. An elder was experiencing spiritual health and we talked and prayed through that. Is it a delusion or something else? We*

spoke through this and I used my understanding of spirits and ghosts and brought this into the mainstream." (Allied student)

Some colleagues took the information provided by participants on board and changed their practice accordingly. Others did not and wanted to maintain the status quo.

Other ways in which participants shared their newfound knowledge were to:

- confront others about their non-professional behaviour
- listen more closely at meetings in order to understand the wider organisational context
- inspire others to want to do the course.

Organisational changes made as a result of undertaking the course

There were numerous organisational changes participants were able to initiate or influence as a result of their courses. These included the establishment of specialist groups and staffing forensic units with women.

"I am in the middle of negotiating setting up a CBT group for clients who find it hard to regulate their emotions. There's a gap in the system that will be filled now. We get a lot of clients who are borderline. This will help reduce the crisis calls and respite – help self-regulate. … I sold this idea to my organisation. … The nurses here don't know CBT – even learning the basics will take you a long way." (CBT student)

"We identified we needed a female forensic clinician. And this came from doing the course, recognising that it might not be safe for a male clinician to be talking to a mother that's just given birth with all those hormones etc. So now we have a full time women who works 0.5 forensic and 0.5 maternity. It's a positive […] for service users and their whānau." (CEP student)

Other organisational changes were more systems oriented, but nonetheless, important. They included organising weekly referral meetings and setting up a summary board of the referral sources.

"At the start of the year – being the only clinician, I was struggling with the number of referrals, risk and acuity of clients. I met with management and said this is unsafe practice. So we implemented a different way of intake referral. Every week we have [an] intake referral meeting – so it goes across the team now – before I was doing it all myself." (Child and Youth student)

"Every week we get referrals from the hospital or GPs, but we don't record where they're coming from and what discipline they go to. So I started a spreadsheet and record that and it's become part of my role. It gives my manager information and we've now got it on a whiteboard and at a glance we can see how the workload is spread." (NESP student)

Having a supportive manager did help participants to influence their colleagues' ideas and change their practice.

> *"Good thing to realign practice and good to have learnt, as colleagues are also working the same way. Manager encouraged them to pursue effective ways of working, so team has undertaken this new approach from trainings and learnings. Educated each other from own learning, moved along the same way even though the way they work is individual, the way they work now is the same." (NESP student)*

Other ways in which organisations had changed as a result of participants' influence were:

- working more around service users in relation to accessibility and contact
- creating more continuous pathways for clients from pre-entry to treatment to aftercare
- developing a manual on the therapy programme to share with core service programmes.

Change in outcomes for service users and their whānau

No negative outcomes were reported for service users and their whānau as a result of changes to participants' practice or changes to the organisations in which they worked.

All participants were able to identify ways in which changes to their practice and/or changes to their organisations as a result of the courses had positive outcomes for service users and their whānau.

> *"It made me feel more confident and empowered – especially working with our own [Māori] people. If I see a child with low mood and depressed and triggered by stuff at home and school, I can escalate to CAMHS." (NESP student)*

> *"…. We had a client not handling residential very well – drinking in her room. The policy is to discharge people at this point. Sometimes when we do that, clients get lost in the community. I held on to her and am still her case manager. So instead of losing her to the community for appointments, I've managed to keep her on my books – she needs more than a short term residential programme. She's now in a long term programme elsewhere with another agency but I still case manage her. I had to fight to keep her in my case load – my agency doesn't support this – but she is still in treatment somewhere instead of getting lost in the system." (Alcohol and Drug student)*

The following cases provide other powerful examples of how training can enhance a worker's understanding and skills to result in important changes for service users and those around them.

Case 2

"I'm convinced that I offer a better quality service to my clients. For example: I had an eight year old boy with difficult behaviour at school. He'd witnessed horrible experiences of abuse and was abused himself. Whenever he heard the words "you may not" or "you are not allowed" he'd fall on the ground and try to crawl away. It helped to learn that, as a four year old, he had seen the police take his father away to jail and tell his grandparents that they are not allowed to see the grandchildren. Those words became the trigger for him to relive the previous traumatic experience. (cont.)

(Case 2 cont.) This explained his behaviour and I could talk it through with his grandparents and his teachers. It worked out very well. The school was much more understanding – gave him a cubby hole where he can hide when he gets overwhelmed. The grandparents were not eager to engage – medication for the boy was easier from their perspective – so no change there.

The boy benefitted because he now understands himself better. He had the opportunity to tell his story which previously had no meaning for him. He can make sense of it now. He thought his father had been in jail for a year – but it was only a day.

Before I did this course, I would not have been able to put that together for him." (Child and Youth student)

Case 3

"I started key working six months into the course (one person). What changed for him was:

- *someone was listening to him*
- *someone was in his corner.*

When I left, he was on a good page.

- *I gave him time*
- *I listened*
- *He felt listened to*
- *He had goals*

He never met his ultimate goal of living back with whānau ….. We never got there. ….. [It] was too isolated and there was a risk he would just get back into old habits …. But what we did (as a team) was get him to be visiting. Eventually he had a goal of catching a bus to see his family. ….It felt like the previous key workers were just ticking boxes and thinking only about medication. They saw him once a week but didn't do plans with him.

He had all these wonderful goals around building up this little design business. He's a beautiful artist. Eventually, we were able to hook him up with another OT who could develop his skills. He was going to put the designs onto t-shirts and sell them. That could have been a job for him. We were helping him feel empowered that he could do this. And helped him get the right tools and meet the right people to help him. And that just came from listening to what he wanted to do.

The tiny wins we got with him seemed small but were huge in his context. He always inspired me and it was just a case of planning the path to help him achieve that.

I know my time with him was valuable in terms of key working because he drew me this most beautiful card when I left. A beautiful Māori design on the front." (Allied student)

Some service users were able to connect more closely with whānau once participants had worked with them using their new skills.

"I had a case who went through the court – had been charged with male vs female assault – always linked to alcohol. I've used CBT to get down to the underlying beliefs around entitlement, being the man of the house and in control. He wanted his wife to pay more attention to him. He's been sober since – he actually changed. The kids and the wife both had hugely improved relationships with him. We also looked at the wife and explored her beliefs." (CBT student)

"The best example – we had a whānau hui for a guy who had been isolated from his whānau. He had schizophrenia and they didn't understand his behavior. We had a meeting and explained things to them and he was no longer isolated from his whānau." (Allied student)

Case 4

This case relates to a long-term service user with whom the participant had worked for over two years. The initial approach was ABC but changed during that time as a result of the training. The change in practice reinforced a style of work with the service user by moving away from home visits to going to the beach and undertake a wider range of activities. As a result, the client slowly loosened the "shackles" on himself and improved his engagement skills with the community. He was also able to reacquaint himself successfully with friends and family.

The change in approach was evidence-based and influenced by learnings from course. It was further supported by having flexibility within the workplace to apply that learning. The workplace encouraged innovation but it had to be within organisational boundaries and parameters. This entailed a great deal of communication around how to protect the worker and the service user. (From a NESP student interview)

Some service users are reaping significant benefits as participants use their course knowledge to develop more comprehensive client-focused assessments and treatment plans with them.

"It allowed me to do deep quality practice rather than tick box. I've got a girl right now, who's now got a clean record in court. She lives rurally. Now she's got the next 12 months covered. She's got a passion to design shoes, but the court would never have identified that. She's starting [course name] that's run by our organisation. She's doing really well. Just going through court she'd probably have gone down the AoD track. Other people have gone into the armed forces because we've been able to do a better-quality assessment." (Child and Youth student)

"There is now a clearer treatment plan of their residential time and what the plan is for after residential care. A lot more people are graduating. Clients are more engaged their own treatment. They're more motivated and have more hope that it's possible to recover. Work with them to deal with the real issues that are keeping them in addiction – together we pick the main things they want to change. Dealing with the deeper issues of guilt and shame." (Alcohol and Drugs student)

Participants also named the following benefits to service users and their whānau resulting directly from course-related practice. Service users and their whānau:

- were more able to absorb information
- felt more listened to
- were more relaxed
- were more open
- had better family relationships
- seemed more empowered
- improved their skills
- were able to recognise and draw on their own strengths
- learnt their own triggers better
- were better educated about the effect of polypharmacy on the body
- were more willing to try new things
- were setting goals for themselves
- had more options available to them
- were able to work
- had shorter treatment pathways
- found something they really wanted to do as a vocation
- stopped drinking
- stopped being violent.

Summary and conclusions

The surveying of students supported with the Skills Matter funding administered by Te Pou o te Whakaaro Nui (Te Pou) has been an annual event in recent years. In 2016, it was decided to further this by following up several students from 2015 with interviews. The aims of the interviews were to ascertain the longer-term outcomes of the training on students' practice, on their organisations and on service users and their whānau.

In August 2016, a sample of potential participants was selected from the student records held at Te Pou. The sample covered as wide a range of students as possible and included Māori and Pacific people, males and females, people from different professional groups and from different parts of the country. The sample also included students from each of the six courses funded through Te Pou. These were:

- New Entry to Specialist Practice Nursing (NESP) (5 participants)
- Clinical Leadership in Nursing Practice (CLNP) (5 participants)
- New Entry to Specialist Practice – Allied health (Allied) (4 participants)
- Infant, Child and Youth Mental Health and Addiction (Child and Youth) (4 participants)
- Coexisting Substance Use and Mental Health (CEP) (3 participants)
- Cognitive Behaviour Therapy (CBT) (2 participants).

There were 23 participants to the interviews, most of which were conducted over the phone between August and October 2016. Three interviewers were involved, A Pacific evaluator and two Pākehā evaluators, all women. An information sheet with a copy of the topic guide for the interviews was sent to all participants before the interviews. Some limitations to the interview process are described in the body of this report.

Over a third of the participants identified their ethnicity as NZ European. One in four people were Māori and one in five people identified as Pacific. There were three other ethnicities in the group, each represented by one person.

Almost half the sample were nurses by profession. One in every six people was a social worker. Three participants were occupational therapists and another three were alcohol and drug practitioners. There was one infant, child and adolescent clinician in the group.

Reflections of the courses undertaken were generally very positive, mirroring the results from the end of year survey in 2015. Lecturers, resources and meeting other students were the highlights for many people.

Participants reported a number of key learnings they had taken away from their courses. These ranged from the specifics of therapeutic relationships to having an overview of the health system as a whole. The key factors helping them deepen their learnings were the application to everyday practice and access to course notes and resources.

People's experiences in trying to implement course learnings varied. Having evidence to inform decisions was high on the list and the vocabulary to make a cogent argument. Management support was also crucial. The barrier to implementation encountered most often was the set views of other workers who did not want to change existing practice. Other barriers included lack of time and high caseloads as well as disruption created by organisational change.

Many changes to practice directly resulting from doing the courses were reported by participants. These included the application of evidence-based decision-making, having the language to

communicate with other professionals, service users and their whānau and having the confidence to express their thoughts. Another major change in practice was to bring a client-centered approach to the table by helping service users articulate their own goals instead of adopting ones decided by professionals. Having a view of a treatment process in its entirety was considered to be a valuable change in practice for some people interviewed.

Almost all participants indicated that these changes in practice made them feel more confident in their work. Some people felt validated in the approaches they had already been taking. A few mentioned they felt more ignorant because the more they learned, the better they understood how little they knew.

Many participants shared their newfound knowledge and skills with colleagues within and outside their organisations and professional groups. This generally took the form of workshops, presentations and training sessions. One Māori participant started to accompany colleagues to whānau visits and was able to guide them through the appropriate tikanga as well as helping workers understand the situation from a Māori world view.

There were reports of changes to the organisations in which participants worked. These included the establishment of specialised groups and the utilisation of female staff in forensic units. Other changes were systems-based.

Participants reported numerous positive outcomes for service users and their whānau as a result of the changes in practice. Many of the cases described involved shifts in practice that resulted in important changes in the lives of service users. These included helping a young boy and his whānau understand a traumatic event by listening to him, helping a service user identify and practice life and artistic skills and changing the therapeutic environment to help someone connect more freely with the community around him. Many other positive outcomes for service users and their whānau are described in the report.

In our view, this set of interviews was not able to adequately explore the specific experiences of Māori students from a Māori perspective. This may also have been the case for Pacific students. It is therefore recommended that future interview exercises like this be designed, administered and analysed in collaboration with experienced Māori and Pacific researchers. Sufficient resources will need to be set aside for that.

The findings in this report demonstrate how positive the longer term outcomes of the courses funded through Skills Matter are. These outcomes affected students' practice, the organisations in which they worked and, most importantly, service users and their whānau.

This report also highlights the importance of the Skills Matter funding as a number of people would have been unable to undertake their studies and make appropriate practice changes without it.

Appendix A: The information sheet

Skills Matter follow up interviews Information sheet

Skills Matter follow up of students from 2015

Why we are doing these interviews

The aim of these follow-up interviews is to determine the extent to which training (and any additional support) has helped to embed the learnings from the courses funded by Te Pou o te Whakaaro Nui (Te Pou) with the Skills Matter funding.

This also provides an important opportunity to understand the outcomes of any changes in practice on course participants' experiences and how those changes have impacted on organisations. Changes in practice will also be explored.

The topics

Some of the topics to be covered in the interview include:

- your views of the course and the key lessons learnt
- what support you received after your course – and how well that worked for you
- what, if anything, changed in your practice as a result of your course
- how changes in practice were made (and what got in the way of making them)
- what impact any changes made on you, your organisation and on service users and their whānau.

Your rights

This interview is entirely voluntary. Your individual comments will be kept confidential and you will not be identified in any report.

It will take approximately 30 minutes (depending on how much you have to say) and be conducted on the phone at a time that suits you.

The notes from your interview will be added to an electronic file that is password protected. Paper notes will be shredded immediately after that. The electronic file will be deleted after five years.

Your interviewer

If you have more to add to your interview or you want to contact your interviewer for any reason, please do so.

Interviewer's name: _____

Interviewer's email address: _____

Appendix B: The topic guide

Skills Matter follow up interviews with students *(2015 cohort):*

Topic guide for interviewers

Obtain fully-informed consent to participate in the interview
1. How well was the course delivered? *[probe: quality of lecturer, topics covered, learning process]* Please expand
2. What were the key learnings you took away from your course? *[please expand]*
3. What were your experiences in trying to implement learnings from the course into your work and workplace? *[probe: enablers, barriers, how to do it better in future]* Please expand
4. What, if anything, changed in your practice as a result of you undertaking your course? Please give examples *[probe: Include some reflection on confidence in working with Māori and Pacific people]*
5. What, if anything, has enabled your learnings to be sustained [and/or deepened] since you finished your course?
6. How did those changes make you feel about your practice? Please expand
7. What, if anything, did you notice about changes in outcomes for service users and their whānau as a result of any changes to your practice? Please give examples
8. In what ways, if at all, have you shared your course learnings with your colleagues? Please give examples
9. What, if anything, changed in your organisation as a result of you undertaking your course? Please give examples.
10. In what ways, if any, have organisational changes affected outcomes for service users and their whānau? Please give examples.
11. Please make any further comments about the course you took last year?
12. Please add any comments about this interview *[time, interviewers, process etc.]*
13. Would you like a copy of the summary of the resulting evaluation report? Y/N
14. Would you be prepared to be contacted in July 2017 for a further follow up interview Y/N.
Thank you for taking part in the interview