

MORE THAN
NUMBERS

Matua Raki
National Addiction Workforce Development

Te Pou
o Te Whakaaro Nui

Adult mental health and addiction family and whānau workforce

2014 survey of Vote Health funded services



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Introduction

Families and whānau are an important part of the informal care and support networks of people experiencing mental health or addiction problems. Consistent with this, *Rising to the Challenge: The mental health and addiction service development plan 2012-2017* (Ministry of Health, 2012) encourages positive participation by families and whānau at all levels of mental health and addiction service delivery. Likewise, *Towards the next wave of mental health and addiction services and capability* (Mental Health and Addiction Service Workforce Review Working Group, 2011) recommends the development of a family and whānau-centred approach to supported self-care and whānau-care. As such, a number of services have roles dedicated to supporting and educating the family and whānau of consumers.

Workforce planning will be greatly enhanced through a better understanding of the dedicated family and whānau roles in mental health and addiction services. In 2014 Te Pou and Matua Raki conducted the *More than numbers* organisation workforce survey that aimed to identify the size and configuration of the Vote Health funded adult mental health and addiction workforce, including the following three family and whānau roles.

Family and whānau peer support workers	Use personal experiences from their own background to support the family and whānau of people accessing mental health or addiction services. ¹
Family support workers	Perform a similar role to peer support workers, albeit without necessarily having had experience supporting a family or whānau member.
Family and whānau advisors	Support organisation strategy and service development by ensuring family and whānau perspectives are heard and integrated into services and resources. The role includes a variety of responsibilities including research and evaluation, and draws on personal experience of supporting a family and whānau member through a personal mental health or addiction journey to recovery. ²

This report presents the survey results for this workforce, describing advisor roles separately from the two support roles, for which results have been combined. It includes a description of the size and distribution of the workforce in these roles by provider and services delivered, vacancies and

¹ There is another group of peer workers in mental health and addiction services who use personal experiences from their own mental health or addiction recovery journey to support people's recovery and help build their resilience. The workforce results for those workers are described in a separate report titled *Adult mental health and addiction consumer and peer roles: 2014 survey of Vote Health funded services*, which is available on the Te Pou website at www.tepou.co.nz/morethannumbers

² A list of current DHB family and whānau advisors and their contact details is available from <http://www.matuaraki.org.nz/workforce-groups/dhb-family-whanau-advisors/148>

perceived recruitment issues. It also includes results for the perceived need to improve skills relevant to working with families and whānau across the overall adult mental health and addiction workforce.

The *More than numbers* organisation workforce survey

The *More than numbers* survey profiles the size, distribution and configuration of the Vote Health funded workforce in adult mental health and addiction services.

Organisations invited to participate in the survey included the 20 district health boards (DHBs) and 231 non-government organisations (NGOs) contracted by DHBs or the Ministry of Health to provide adult mental health and addiction services during the year ended 30 June 2013. All 20 DHBs and 169 NGOs (73 per cent) completed the survey, giving an overall response rate of 75 per cent.³

The survey requested information that team leaders and managers could reasonably obtain, as at 1 March 2014. Respondents were asked to report their total Vote Health funded workforce for each role using a pre-set list with the option to add other roles. Most of the information provided here is based upon full-time equivalent (FTE) positions including both employed and vacant positions.

Overview of the reported total adult mental health and addiction services workforce

The Vote Health funded workforce reported to the survey by adult mental health and addiction services totalled 8,929 FTE positions (employed plus vacant). Figure 1 shows that the workforce was unevenly distributed across the three main service groups, with most (79 per cent) reported by mental health services, followed by addiction services (15 per cent) and combined (mental health and addiction) services (6 per cent).⁴

³ The survey method and limitations are described in the national and regional reports at www.tepou.co.nz/morethannumbers. The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or that did not employ any mental health or addiction staff.

⁴ For this report results from combined services include those surveys that self-identified as providing both mental health and addiction services, which were received from organisations funded to deliver both types of services. The method for identifying this group is described in the national and regional reports available on the Te Pou website.

Distribution of the total reported workforce by service groups

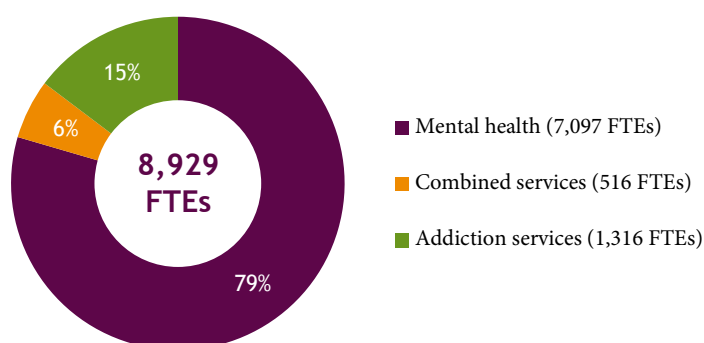


Figure 1. Proportion of the total reported workforce in each of the three service groups

In terms of the organisations reporting to the survey:

- DHBs reported a total workforce of 5,657 FTEs (63 per cent of the total workforce)
- NGOs reported 3,273 FTEs (37 per cent).

What can the survey tell us about dedicated family and whānau roles?

The *More than numbers* survey captured information about most of the Vote Health funded workforce in dedicated family and whānau roles in adult mental health and addiction services. The results improve our understanding of the family and whānau workforce in the context of services delivered and in relation to the size and composition of the total workforce surveyed.

The survey identified the following dedicated family and whānau roles:

- family support workers
- family and whānau peer support workers
- family and whānau advisors.

The workforce in family and whānau roles may be under-reported by the survey for the following reasons.

- The survey collected information about paid employees in Vote Health funded roles. Some support or peer roles in the sector are voluntary and others are known to be funded from outside the health sector.
- Approximately one-quarter (27 per cent) of the NGOs invited to participate did not complete surveys.⁵
- Some participating DHBs and NGOs may have under-reported their workforce.

⁵ The *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services* report estimates the total NGO workforce is likely to be approximately 18 per cent more than that reported to the survey. This report is available on the Te Pou website.

In addition, sector intelligence suggests confusion over role titles may have impacted survey results in the following ways.

- The NGO family and whānau advisor workforce may be over-reported because some NGOs are understood to use the title ‘family and whānau advisor’ to describe roles that provide direct support services to families and whānau.⁶
- There is a lack of clarity within the sector about the differences between the family support worker and the family and whānau peer support worker roles. This may mean some surveys have over or under reported workforce in each of these roles. To overcome this problem, the results for these two roles are combined and reported here as family and whānau support roles.

The survey did not capture the number of people working in adult mental health and addiction services who have personally experienced supporting a family or whānau member with mental health or addiction issues.

Workforce in family and whānau roles

The Vote Health funded workforce in family and whānau roles reported to the survey totalled 115 FTE positions (employed plus vacant). This workforce included:

- 31 people in family and whānau advisor roles, totalling 26 FTEs
- 122 people in family whānau peer support roles, totalling 90 FTEs.

Figure 2 shows the family and whānau workforce as a proportion of the total mental health and addiction workforce reported to the survey.

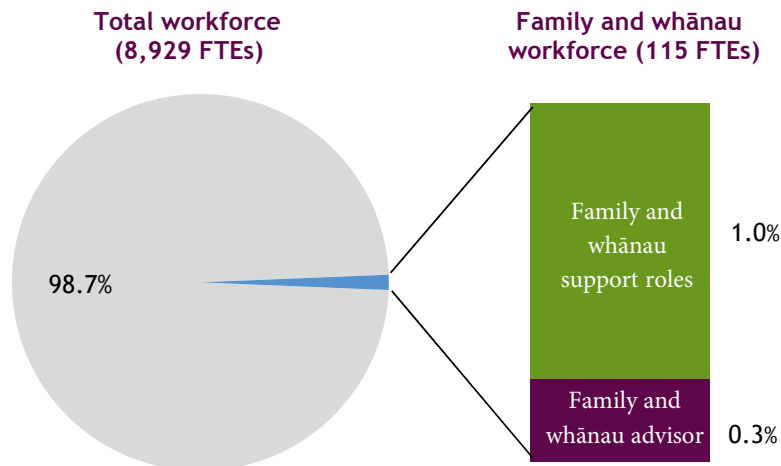


Figure 2. Family and whānau roles as a proportion of the total surveyed workforce (n= 8,929 FTE positions)

⁶ Within DHBs the family and whānau advisor role is well-established with its own service specification, hence this limitation relates only to the NGO workforce.

The workforce in family and whānau roles reported to the survey was about half the size (51 per cent) of the workforce in consumer advisor and peer support roles (225 FTEs).⁷

Table 1 below shows the family and whānau workforce in each role as reported by DHBs and NGOs. The last column shows the family and whānau workforce as a proportion of the total workforce reported to the survey. The family and whānau workforce comprised just over 1 per cent of the total workforce reported to the survey. This amounted to 0.4 per cent of the total workforce reported to the survey by DHBs and 2.8 per cent of the total workforce reported by NGOs.

Table 1. Family and whānau workforce in DHBs and NGOs and as a proportion of the total workforce reported

Provider type	Workforce (FTEs employed plus vacant)			Proportion of the total workforce reported (%)
	Family and whānau support roles	Family and whānau advisor	Total	
DHB	3.5	21.0	24.5	0.4
NGO	86.1	4.5	90.6	2.8
Total	89.6	25.5	115.1	1.3

Table 2 uses regional information from the 2013 New Zealand Population Census to compare the family and whānau workforce per 100,000 adults by region.⁸ Compared to other regions and the national average, Midland region had high workforce to population ratios for family and whānau support roles (9 FTEs per 100,000 adults respectively). Central region had the highest ratio for family and whānau advisors (2 FTEs per 100,000 adults). In contrast, Northern region had the lowest ratios for all roles.

Table 2. Family and whānau workforce per 100,000 adult population, by region and role

Region	Workforce (FTEs employed plus vacant) per 100,000 adults	
	Family and whānau support roles	Family and whānau advisor
Northern	2.0	0.5
Midland	8.6	1.3
Central	2.6	1.9
South Island	3.3	0.9
National average	3.6	1.0

⁷ See the *Adult mental health and addiction consumer and peer workforce: 2014 survey of Vote Health funded services* report available from the Te Pou website.

⁸ This and the following table are based upon the reported workforce for each region. As previously mentioned, the actual workforce size is estimated to be 18 per cent more than that reported to the survey, therefore these ratios will be slightly under-estimated.

Table 3 uses regional information from PRIMHD⁹ to compare the family and whānau workforce per 1,000 consumers by region. As was the case in the previous table, Midland region had the highest ratio for family and whānau support roles. However, differences between the Midland ratios and those of other regions are less pronounced here due to Midland region services seeing a higher proportion of all consumers (23 per cent) in comparison to the region’s share of the national population (18 per cent).

Table 3. Family and whānau workforce per 1,000 consumers, by region and role

Region	Workforce (FTEs employed plus vacant) per 1,000 consumers	
	Family and whānau support roles	Family and whānau advisor
Northern	0.5	0.1
Midland	1.7	0.3
Central	0.6	0.5
South Island	0.9	0.3
National average	0.9	0.3

The following sections provide detailed information about family and whānau support roles and family and whānau advisor roles respectively. This is followed by the survey results for workforce competence needs relating to working with families and whānau for the entire adult mental health and addiction sector workforce.

Family and whānau support workforce

The reported Vote Health funded workforce in these roles totalled 90 FTE positions (including employed and vacant FTEs).

- Three DHBs reported 4 FTEs (4 per cent of the workforce in family and whānau support roles), including:
 - four people employed in 4 FTE positions
 - no FTEs vacant.
- 39 NGOs reported 86 FTEs (96 per cent), including:
 - 118 people employed in 85 FTE positions
 - 1 FTE vacant (giving a vacancy rate of 1.3 per cent).

⁹ Ministry of Health Programme for the Integration of Mental Health Data.

Family and whānau support workforce in DHBs and NGOs and by service groups

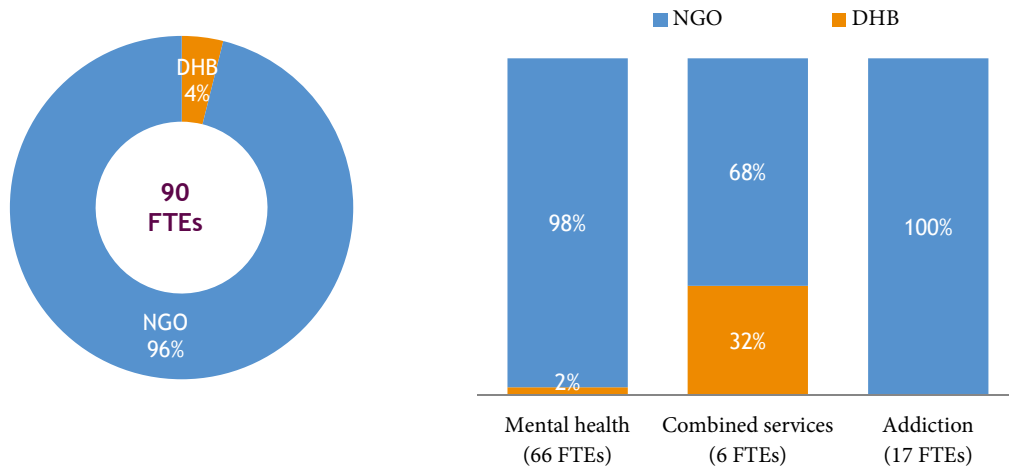


Figure 3. Distribution of family and whānau support workforce across DHBs and NGOs, and across the three service groups

As shown in Figure 3, mental health services reported 66 FTEs (74 per cent of the workforce in family and whānau support roles), combined services reported 6 FTEs (7 per cent), and addiction services reported 17 FTEs (19 per cent).

The family and whānau support workforce (FTEs employed plus vacant) was distributed unevenly across the regions, as shown in Figure 4.

- Northern region reported 18 FTEs (21 per cent).
- Midland region reported 39 FTEs (43 per cent).
- Central region reported 13 FTEs (14 per cent).
- South Island region reported 20 FTEs (22 per cent).

Family and whānau support workforce by region

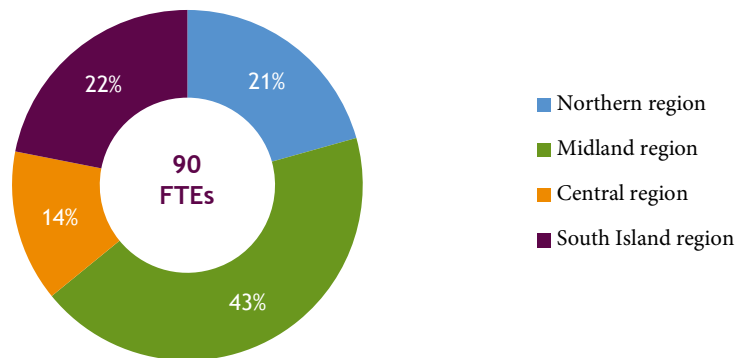


Figure 4. Distribution of the DHB and NGO family and whānau support workforce across the four DHB regions

Midland region had a disproportionately large workforce in family and whānau support roles, which may reflect the strong emphasis on cultural service provision in this region.

Vacancies and recruitment issues

DHBs reported no vacancies in family and whānau support roles. NGOs reported 1 FTE position vacant, giving a vacancy rate of 1.3 per cent. This rate is lower than the average vacancy rates across the entire DHB and NGO workforce, which were 5 and 4 per cent respectively.

Forty-one respondents who employed family and whānau support roles answered the question about future shortages of staff to fill this role (two DHB respondents and 39 NGO respondents). Figure 5 shows the proportion of these respondents who indicated potential future recruitment issues including oversupply, about right numbers, some shortage (quantified as less than 20 per cent shortage), and large shortage (20 per cent or more).

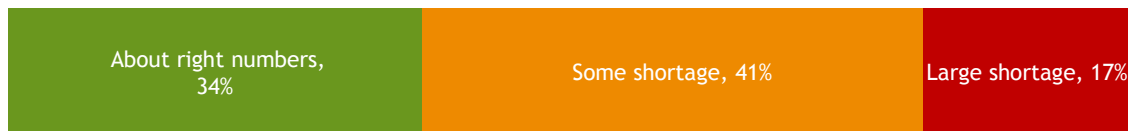


Figure 5. Proportion of respondents identifying future shortages or oversupply for family and whānau support roles (n=41 respondents)

DHB respondents did not perceive future staff shortages for these roles, whereas 62 per cent of NGO respondents perceived some or large shortages (44 and 18 per cent respectively).

Family and whānau advisor workforce

The Vote Health funded workforce in family and whānau advisor roles totalled 26 FTE positions (employed plus vacant).

- 13 DHBs reported 21 FTEs, 82 per cent of the family and whānau advisor workforce, including:
 - 20 people employed in 16 FTE positions
 - 5 FTEs were vacant (vacancy rate of 23 per cent).
- Seven NGOs reported 5 FTEs, 18 per cent of the family and whānau advisor workforce, including:
 - 11 people employed in 4 FTE positions
 - 0.5 FTEs vacant (vacancy rate of 11 per cent).

Figure 6 illustrates the distribution of the workforce across DHBs and NGOs, and across the three service groups.

Family and whānau advisor workforce in DHBs and NGOs and by service groups

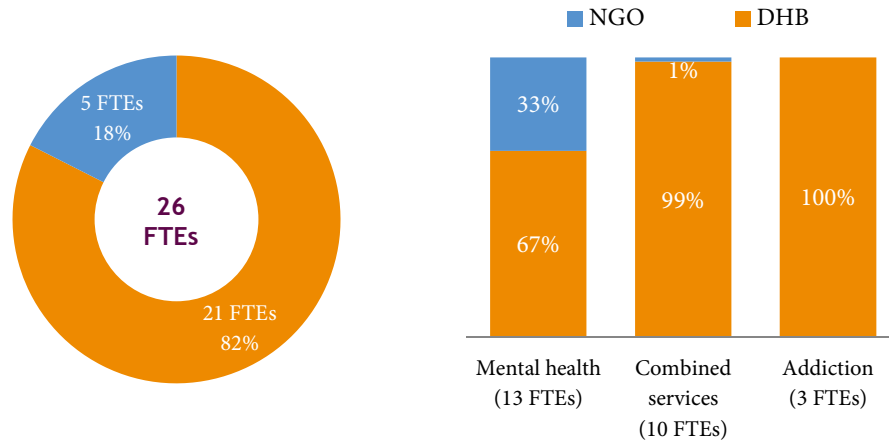


Figure 6. Distribution of family and whānau advisor workforce across DHBs and NGOs, and across the three service groups

As shown in Figure 6, mental health services reported 51 per cent of the workforce in family and whānau advisor roles (13 FTEs), combined services reported 39 per cent (10 FTEs), and addiction services reported 10 per cent (3 FTEs).

Figure 7 shows the workforce (FTEs employed plus vacant) in family and whānau advisor roles was distributed unevenly across the regions, with Central region having the largest proportion.

- Northern region reported 5 FTEs (19 per cent).
- Midland region reported 6 FTEs (23 per cent).
- Central region reported 9 FTEs (36 per cent).
- South Island region reported 6 FTEs (22 per cent).

Family and whānau advisor workforce by region

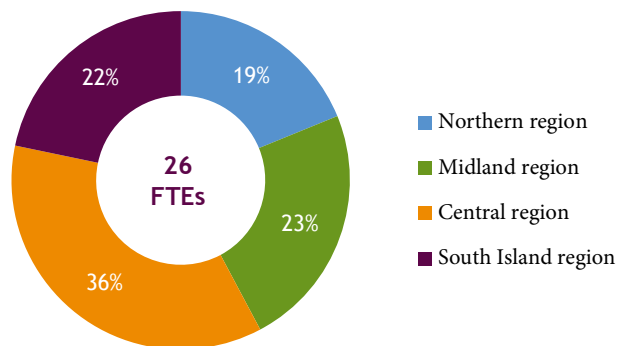


Figure 7. Distribution of the DHB and NGO family and whānau advisor workforce across the four DHB regions

Vacancies and recruitment issues

DHBs reported 5 FTE positions vacant for family and whānau advisor roles, giving a vacancy rate of 23 per cent. NGOs reported that a half (0.5) FTE position was vacant (a vacancy rate of 11 per cent). These vacancy rates were substantially higher than the average vacancy rates across the entire DHB and NGO workforce, which was 5 and 4 per cent respectively.

Eighteen respondents who employed family and whānau advisors answered the question about future shortages of staff to fill this role (15 DHB respondents and three NGO respondents). Figure 8 shows the proportion of these respondents who indicated potential future recruitment issues including oversupply, about right numbers, some shortage (quantified as less than 20 per cent shortage), and large shortage (20 per cent or more).



Figure 8. Proportion of respondents identifying future shortages or oversupply for family and whānau advisor roles (n= 18 respondents)

A similar proportion of DHB and NGO respondents perceived future shortages of staff for this role (27 per cent and 33 per cent respectively). However, 7 per cent of DHB respondents perceived a future oversupply.

General workforce challenges

For the delivery of effective mental health and addiction services, the *Let's get real* framework identifies that working with families and whānau is an essential workforce skill (Ministry of Health, 2008). Current health policy encourages positive participation by families and whānau at all levels of mental health and addiction service delivery (Ministry of Health, 2012).

The *More than numbers* survey requested information from respondents about whether their workforce needed to improve a range of knowledge and skills, including for:

- whānau-centred practice (Whānau Ora)
- knowledge of Pasifika family values, structures and concepts
- working with families.

The following sections present the proportion of respondents who thought their workforce needed some or large increases in knowledge and skills for these family and whānau-related areas. These survey results describe the respondents' opinions about their workforce generally and are not attributable to any particular role(s).

There were some variations in the responses received from DHBs and NGOs. The reasons for these differences were not explored by the survey. The different responses could reflect that NGO services have greater access to the family and whānau support workforce compared to DHB services, which is consistent with the finding that most family and whānau support roles are located in NGOs.

Cultural competence in whānau-centred practice

As shown in Figure 9 below, most (82 and 69 per cent) DHB mental health and addiction service respondents thought their workforce needed to increase cultural competence in whānau-centred practice. So too did at least three-quarters of NGO respondents (74 and 76 per cent).¹⁰

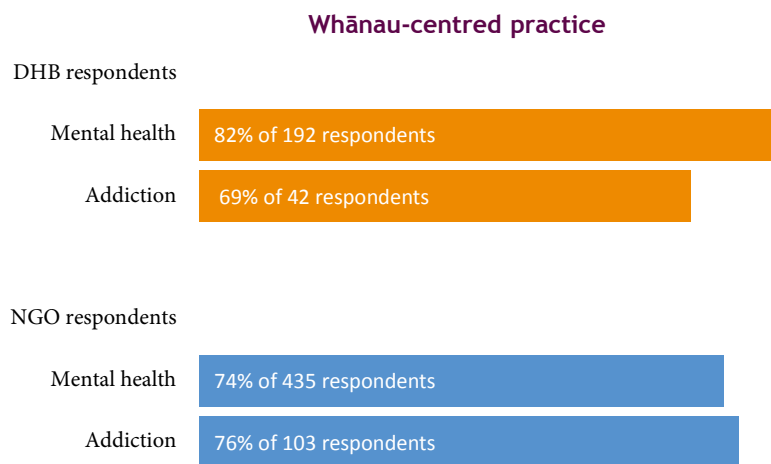


Figure 9. Proportion of DHB and NGO respondents identifying their workforce needed to increase skills around whānau-centred practice

Pasifika family values, structures and concepts

As shown below, most (85 and 95 per cent) DHB mental health and addiction service respondents thought their workforce needed to increase their understanding of Pasifika family values, structures and concepts. Three-quarters of NGOs (76 and 72 per cent) responded similarly.¹¹

¹⁰ In the analyses relating to workforce knowledge and skills, mental health services include results for combined services.

¹¹ In the analyses relating to workforce knowledge and skills, mental health services include results for combined services.

Pasifika family values, structures and concepts

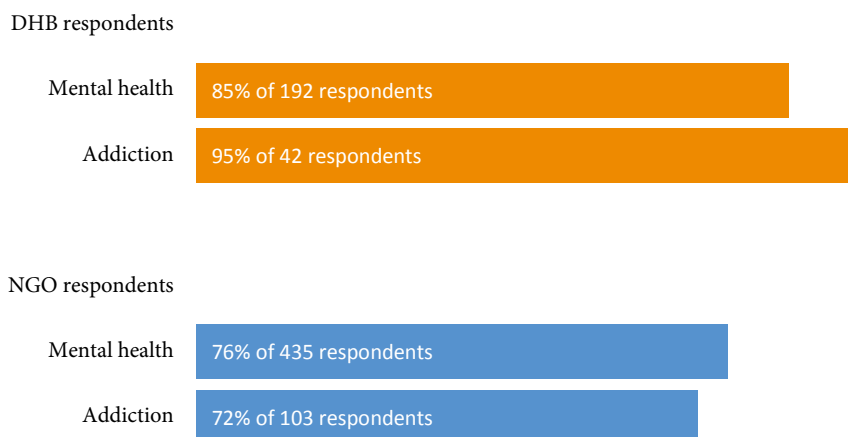


Figure 10. Proportion of DHB and NGO respondents identifying their workforce needed to increase their understanding of Pasifika family values, structures and concepts

Working with families

As shown in Figure 11, 62 per cent of DHB mental health respondents thought their workforce needed to increase skills for working with families, and 86 per cent of respondents from DHB addiction services identified the same for their workforce. In contrast, a smaller proportion of NGO respondents reported this need (58 and 66 per cent).¹²

Skills for working with families

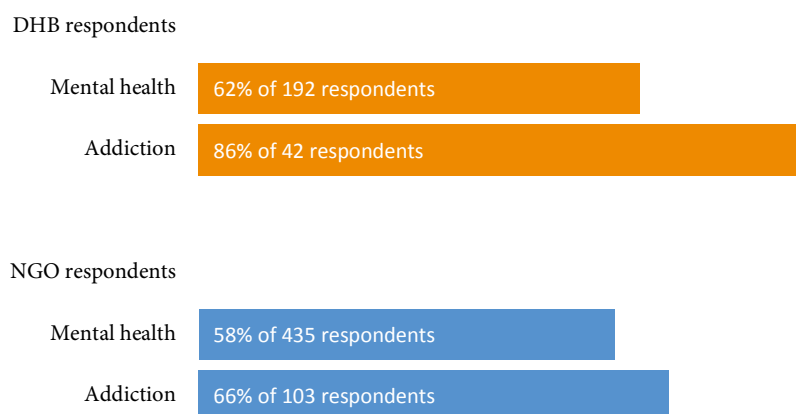


Figure 11. Proportion of DHB and NGO respondents identifying their workforce needed to increase skills for working with families

¹² In the analyses relating to workforce knowledge and skills, mental health services include results for combined services.

Concluding comments

This report provides information about the workforce in Vote Health funded family and whānau roles, its size, location and recruitment issues. The family and whānau workforce in DHBs and NGOs presented very different profiles. DHBs reported most of the strategic and service development roles (family advisors) whereas NGOs reported most of the direct service delivery and support workforce (family whānau support roles).

The Vote Health funded family and whānau workforce is currently very small, yet its growth is likely to be important for realising Whānau Ora policy and strategic directions signalled in *Rising to the Challenge* (Ministry of Health, 2012) and *Towards the next wave* (Mental Health and Addiction Service Workforce Review Working Group, 2011). These policies promote increased family and whānau participation in service delivery.

While this report has focused on family and whānau roles, it is critical that workforce and service planning considers these roles in the context of the entire workforce delivering services to consumers and their families and whānau. More information about the Vote Health funded workforce in adult mental health and addiction services can be found in the *Adult mental health and addiction workforce: 2014 survey of Vote Health services* report (Te Pou o Te Whakaaro Nui, 2015).

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