

## Results from the 2019 survey of employers/managers of workers funded by the Skills Matter programme

*Congratulations on the Skills Matter programme. Yes,  
'Skills Do Matter'. (Employer)*

*The most obvious change was in confidence as the year  
progressed, as the nurse became more familiar with  
this complex specialised area and gained knowledge  
related [to] this area. (Employer)*

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# Introduction

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This report shows the results of an online survey of employers and/or supervisors of workers who completed post graduate study in 2019. The workers were funded through the Skills Matter programme administered by Te Pou o te Whakaaro Nui (Te Pou).

The link to the survey was sent to 208 employers/supervisors whose staff were enrolled in Skills Matter-funded courses in 2019. The first invitation was sent in late September 2019 with a reminder on 10th October. Initial response to the survey was low and a third invitation was sent out with a request for recipients to distribute it to others in their organisation who had direct contact with workers. Due to this snowball distribution technique, it is not possible to calculate a response rate. The final number of survey responses received was 60.

A copy of the survey can be found in Appendix A.

## Results

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### Changes in workers' knowledge

Almost 80 per cent of respondents reported major increases in workers' knowledge as a result of their course. The other ratings were neutral (see Figure 1).

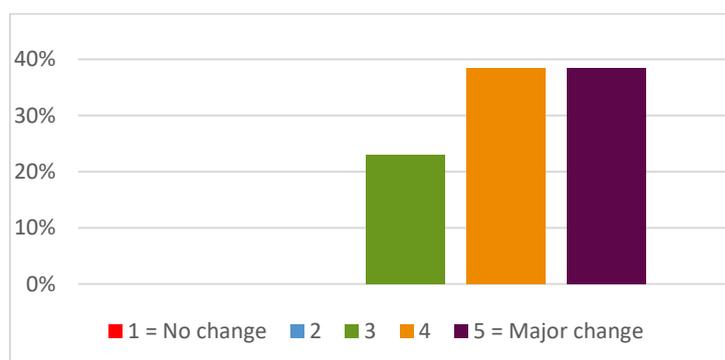


Figure 1: Extent of changes noticed in workers' knowledge (n=52)

### Examples of changes in workers' knowledge

Many examples of changes to workers' knowledge as a result of their courses were provided. They are presented in the following categories.

#### Assessment processes (4 people)

*These changes were more subtle, but as the nurse understood why behaviours were happening their confidence in their own ability to correctly assess a situation improved, also balancing ethical issues with legislation.*

#### Interventions (rehabilitation, behaviour change mechanisms) (4 people)

*Theory underpinning Cognitive Behavioural Therapy (CBT) practice.*

### **Clarity about their role in mental health (3 people)**

*Understanding of mental health nursing practice – what it means to be a registered nurse specialising in mental health.*

### **Impact of poor mental health on people, supports and communities (3 people)**

*Compassion and insight into the experiences of people ...*

### **Foundational knowledge of mental health (3 people)**

*More knowledge around child and adolescent mental health. Already had some knowledge but helped to consolidate it and put into theory.*

### **Broader/common language (around mental health/CBT) (2 people)**

*... just knowing about a few therapies enhances the [New Entrant into Specialist Practice] NESP social worker's ability to determine what input is useful for one of their client/service users. This also means that as the mentor I am more confident that what I am discussing with the worker will be understood.*

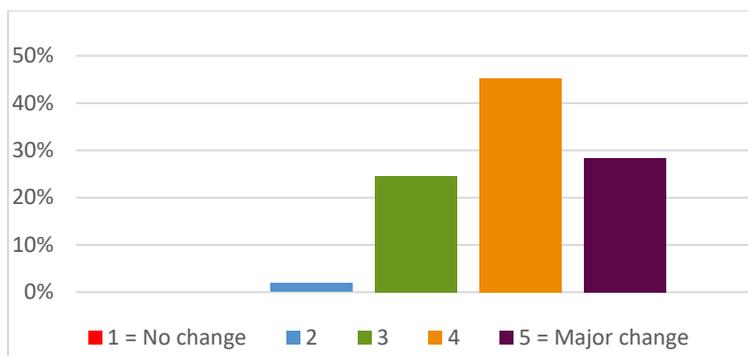
### **Other changes in knowledge**

- Recovery principles (2 people)
- Pharmacotherapy/medication (2 people)
- Consolidation of existing knowledge (2 people)
- Recognising they don't have to do everything and are able to delegate tasks to others (2 people)
- Research evidence approaches supporting quality outcomes (1 person)
- Recovery principles (1 person)
- Formulation (1 person)
- Major illness categories (1 person)
- The realisation that they cannot 'cure' or save everyone (1 person)
- Understanding of the 'whys' (1 person)
- Wider health issues (1 person)
- Improved exam marks (1 person).

One person indicated they took more notice of the articles and research undertaken by their employee.

## **Changes in workers' skills**

Three quarters of the respondents answering this question noticed major positive changes in workers' skills as a result of their course. With one exception, the other ratings were neutral on the subject (see Figure 2).



**Figure 2: Extent of changes noticed in workers' skills (n=53)**

## Examples of changes in workers' skills

Many examples were provided of ways in which workers' skills have improved as a result of the course.

### Better quality work with service users (9 people)

*Greater focus and confidence in working from a strength based, client led, recovery focused perspective in a service where these aspects are not always at the forefront of service delivery.*

*Increased ... skills to engage with Pasifika tagata ola [people served] and supporting others.*

### Critical reflection (8 people)

*Development of reflective practice skills ... needed when working with people. Ability to articulate their perceptions vis a vis their practice and observations increased [special interest group] within the team as well as within the wider mental health multidisciplinary team (MDT).*

### Relating models/theory to practice (5 people)

*As a supervisor of NESP staff I see a definite growth in their journey mostly development of a theory to clinical application.*

### Comprehensive assessment skills (4 people)

*Increased skills in completion of an assessment.*

### Better clinical skills (decision making) (4 people)

*The confidence in the clinical processes from assessment treatment to discharge and also to articulate values.*

### Able to offer CBT (4 people)

*Able to implement and use CBT treatment strategies with her clients. Now has a specific, focused formal treatment intervention to offer them.*

### Other ways in which workers' skills increased

- More confident in discussions in MDT (3 people)

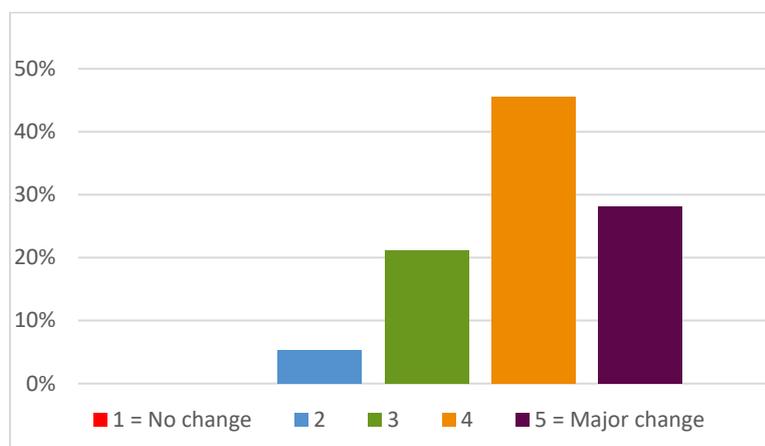
- Able to debate about the evidence presented (2 people)

*Ability to question practices they observe and adapt to changes in work context.*

- Appearing more confident in delivery of care (1 person)
- Looking at how things in the ward can be changed (1 person)
- Formulation (1 person)
- Rehabilitation interventions (1 person)
- Risk assessment (1 person)
- Administration (1 person).

## Changes in workers' confidence

Almost seven in every 10 respondents answering this question reported major changes in workers' confidence as a result of their course. One in every five ratings were neutral with a few indicating almost no change (see Figure 3).



**Figure 3: Extent of changes noticed in workers' confidence (n=57)**

### Examples of changes in confidence

The comments below support the ratings data in Figure 3 and show there have been very positive increases in workers' confidence as a result of their courses.

#### **Gained confidence (17 people)**

*Already expert clinicians. More confident as the course progressed with CBT work.*

#### **Working with colleagues, supervisors, and in MDTs (9 people)**

*How they come across in MDT meetings and staff meetings - participating and contributing.*

#### **With their practice and experience (5 people)**

*Greater confidence in advocating for service guided by self-determination theory, recovery and strength focused practice.*

#### **Confidence improved with more exposure and able to practice in a safe environment (4 people)**

*Became more confident working in inpatient mental health. This is a combination of actual on the job experience and the additional learning Increased competence.*

#### **Other ways in which workers' confidence increased**

- Working with clients (3 people)

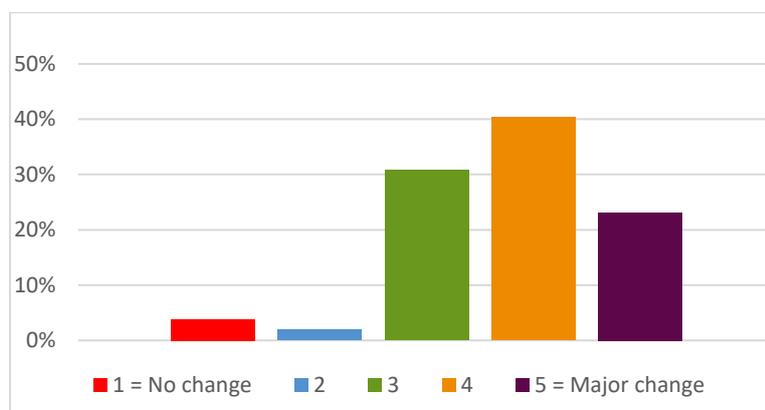
- Demonstrating leadership skills (2 people)
- Managing complex cases (1 person).

One person mentioned workers have the opportunity to practice skills in a safe and supported manner which contributed to increases in confidence.

One employer reported a dip in confidence due to difficult team dynamics in a placement.

## Changes in workers' practice

Just over six in every 10 of those answering this question reported major changes in workers' practice as a result of their courses. One third of the ratings were neutral on the subject with a few indicating there has been little or no change in practice (see Figure 4).



**Figure 4: Extent of changes noticed in workers' practice (n=52)**

## Examples of changes in practice

Respondents described numerous ways in which workers' practice has changed as a result of their courses. Changes related to the incorporation of theory into practice and changes in practice around service users were frequently reported.

### Integration of theory into practice (6 people)

*Able to put theory/learnt knowledge into practice and be able to speak to it.*

### Working with complex cases (3 people)

*Ability to pick up complex case reviews and complex clients and engaging with service for wrap around support.*

### Changes in practice around service users

- Using a wider range of strategies with service users (2 people)
- Formulation (2 people)
  - Able to formulate better and articulate formulation both with children and their families and within MDT.*
- Treatment (2 people)
  - Willingness to coordinate treatment plans.*

- Assessment (1 person)
- Focus on recovery (1 person)
- More comprehensive input with service users (1 person).

#### Other changes in the workers' practices/professionalism

- Speaking in public forums (1 person)
- Facilitating groups (1 person)
- Having the ability to reflect (1 person)
- Using problem solving approaches (1 person)
- Being more evidence-based (1 person)
- Having better motivation (1 person)
- Assessing and managing risk (1 person)
- Developing their own model of practice (1 person)
- Becoming more employable (1 person)
- Being more focused and able to prioritise tasks effectively (1 person)
- Being aware of limitations of new knowledge and skills and keen to check out/engage in supervision (1 person)
- Giving case presentations (1 person).

#### Changes in practice around colleagues

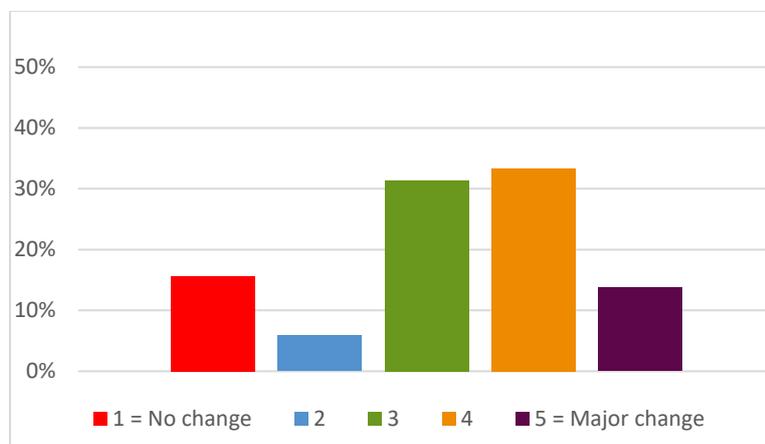
- Working in MDTs (3 people)

*More willing to offer opinions and advice at MDT discussions.*

- Teaching others (1 person)
- Helping to reduce the client waiting list (1 person)
- Extending the services offered within the organisation (1 person).

### Changes in workers' values and attitudes

More than four in every 10 answering this question reported big changes in workers' values and attitudes as a result of their course. One third of the ratings were neutral in this area with one in every seven ratings showing there has been little/no change in values and attitudes (see Figure 5). As the examples following the graph show, this finding may be due to reports that workers already had appropriate values and attitudes prior to commencing their courses.



**Figure 5: Extent of changes noticed in workers' values and attitudes (n=51)**

## Examples of changes in values and attitudes

One third of the examples indicated that little or no change in values and attitudes is because workers already had the appropriate ones prior to their Skills Matter courses. The examples below explain the finding more fully.

*Already evidenced appropriate values and attitudes as a Social Work graduate.*

*Not sure about this as already had pretty awesome values and attitude.*

*This staff member was experienced and has always been an excellent advocate for patients with health issues, but the course has given them a bit more [perspective] about mental health patients.*

Several examples showed workers have a more client-centred approach to their work since their courses.

*Reinforced values and attitudes around working from a client-led and strength-based focus, previously had defaulted to problem focused approach.*

*I think that they are more aware of the potential for trauma in peoples' lives. Mostly the NESP group are interested, caring and compassionate, and accepting of peoples' choices in their lives.*

*This was a big change the nurse had rather idealistic values and she had to accept/ understand some of the realities of nursing and life situations of some of our patients.*

There were also two reports of positive increases in self-belief and a sense of ownership of the work.

Other ways in which values and attitudes changed as a result of the course include:

- Being able to align their own values with those of the organisation (1 person)
- Being able to convey seniority in their clinical roles (1 person)
- Valuing the work of colleagues (1 person)
- Recognising their own Pasifika values (1 person)
- Being willing to challenge the status quo (1 person)
- Being more open (1 person)
- Being more thoughtful (1 person)
- Being more collaborative (1 person)
- Being more respectful (1 person)
- Being more empowering (1 person)
- Having better partnership with tangata whaiora (1 person)
- Having greater humility and acceptance of human nature and fallibilities (1 person).

## Employer support to implement best-practice approaches

Almost three quarters of survey respondents reported they provide opportunities for workers to demonstrate best practice. The same proportion said they provide feedback on improved ways of working. Half the people indicated they provide opportunities for workers to tell others about best-practice approaches. One in every eight respondents indicated they have made policy changes to reflect best practice (see Table 1).

**Table 1: Ways that employees were supported to implement best-practice approaches**

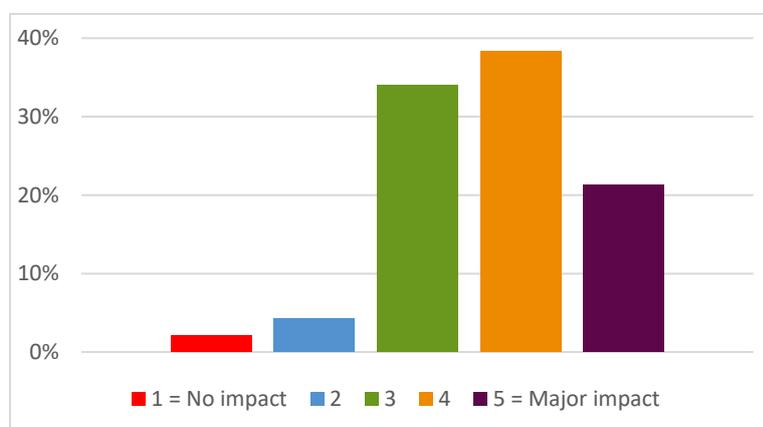
Ways in which employees were supported to implement best-practice approaches learnt in Skills Matter courses	Percentage
Provided opportunities for them to demonstrate best practice (n=44)	73%
Provided feedback on improved ways of working (n=44)	73%
Provided opportunities for them to tell others about best-practice approaches (n=32)	53%
Made changes in policies to reflect best practice (n=8)	13%

There are several other ways in which workers are supported in their implementation of best practice:

- Learning and reflection (2)
- Case conferences (1 person)
- Coaching and supervision (1 person)
- Review of personal development plans (1 person)
- Funding extra hours to enable study (1 person)
- Inclusion on working groups looking at practice improvement (1 person)
- Presentation to NGO youth group about increasing service access (1 person).

## The impact of changes in practice on service users and their whānau

The impact of changes in practice on service users and their whānau was reported to be major by six in every 10 respondents. A third of the people gave a more neutral rating with a few reporting little or no impact (see Figure 6).



**Figure 6: Impact of employees' practice on people with lived experience and their whānau (n=47)**

## Examples of the impact of practice on service users and their whānau

There are numerous ways in which practice impacts on service users and their whānau. However, a number of respondents indicated it is difficult to assess this, mainly because they have little direct contact with employees who have completed Skills Matter courses.

*Difficult to assess from a distance but the person's skills are valued by staff so the assumption can be made this carries through to her clients. Only get good reports. We would need to do pre and post patient/client experience surveys to ascertain this or another suitable measure - possibly something we could implement with AUT assistance?*

The use of new knowledge by workers was mentioned by three people.

*I would say their improved knowledge, skills and confidence have had a direct and positive impact on clients and their whānau.*

Another three respondents reported encouraging influences on service users and their whānau.

*I feel her way of questioning the "norm" has had a positive impact on both patients and other nurses' practice.*

*Positive feedback from patient and whānau, and better outcomes for patients.*

Other aspects of practice impacting on service users and their whānau are listed below:

- Employees having a greater appreciation for people's lived experience and voice (1 person)

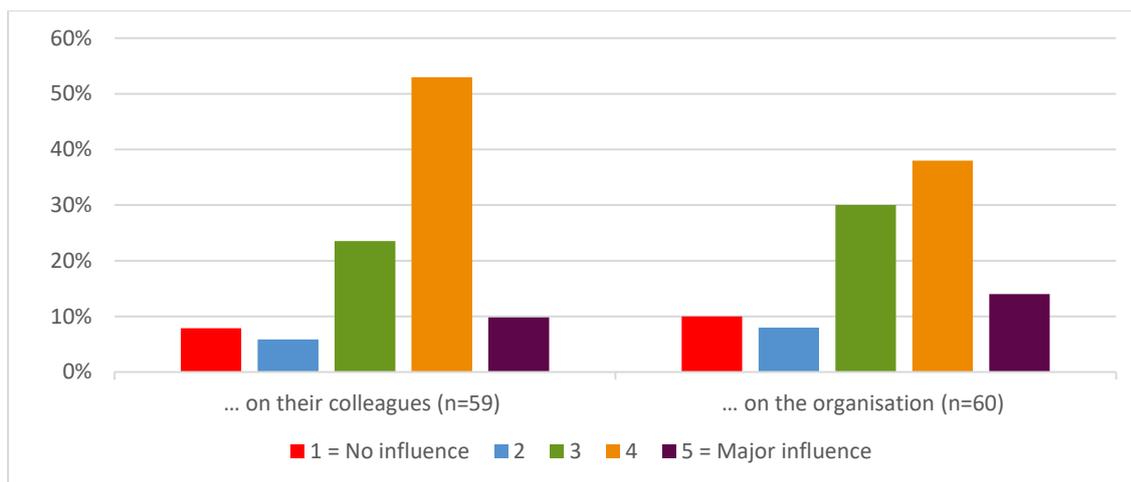
*Increased connection and valuing of the person's lived experience, and their own .... personal resources, within the wider family/ whānau context.*

- Service users increasing their independence and ability to do the things they needed and wanted to do (1 person)
- Service users and whānau being educated by workers about treatment/support options (1 person)
- Re-framing models of care using service users' vocabulary (1 person)
- Service users had more confidence in their clinician's treatment approach
- Better engagement with service users (1 person)
- Focus on risk assessment, planning and relapse prevention (1 person).

## Influence on others in terms of best practice

Six out of every 10 respondents reported workers have a big influence on their colleagues in terms of best practice. One quarter gave a neutral rating for the item, with one in every nine reporting little or no influence on colleagues (see Figure 7).

Half the respondents indicated workers have a major influence on their organisation in terms of best practice. Three out of 10 gave neutral ratings while almost one in 10 said workers have little or no influence on their organisations (see Figure 7).



**Figure 7: Influence employees had on their colleagues/organisations in terms of best practice ...**

### Examples of the influence on colleagues in terms of best practice

The influence of employees on colleagues in terms of best practice was also difficult to assess for several respondents. There were many ways in which this influence (all positive) was noticed.

Workers were able to bring an evidence-based perspective to their roles. This encouraged others to reflect on their own practice.

*It is always [good] to look at practices with fresh eyes and staff during their NESP year have some innovative and new ideas which can benefit the service.*

*Able to present at in-service or share learning with others during clinical review.*

There were several reports of employees having influence on MDTs and colleagues by forwarding ideas based on their courses with greater confidence.

*The staff who have completed these courses have been able to positively influence both more experienced registered staff, and support staff, with their newly acquired knowledge of best practice - reinforcing the concept that this knowledge is dynamic and evidence based, and exists within a cultural context.*

*We have some employees who have been on working parties, and on steering groups related to improving nursing practice.*

Other ways in which employees influence colleagues are listed as follows:

- Demonstrating best practice that has a tangata whaiora focus (1 person)
- Increasing others' confidence in their abilities by demonstrating good skills and knowledge (1 person)
- Inspiring others to undertake further study (1 person)
- Having greater confidence when communicating with secondary services (1 person)
- Running in-service courses about their learning for colleagues (1 person)
- Highlighting trauma-informed care and a recovery focus within the team (1 person)
- Bringing enthusiasm to the work – encourages others (1 person).

## Examples of the influence on organisations in terms of best practice

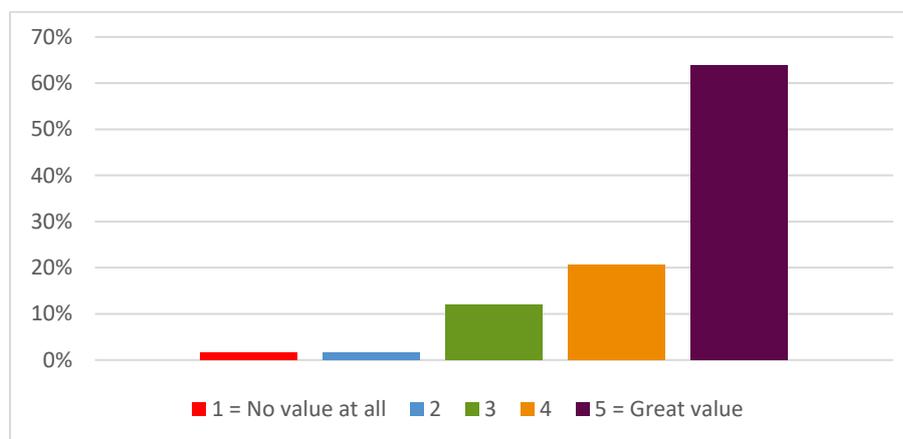
Respondents described several ways in which employees influence their organisations in terms of best practice.

- Leading change processes within the organisation (1 person)
- Leading the introduction of waiata at morning meetings (1 person)
- Accumulated knowledge of successive workers having a [significant] influence on organisational best practice (1 person)
- The organisation learnt from case studies and stories (1 person)
- Being adaptable enough to work in different teams (1 person)
- Presenting at seminars in the region (1 person)
- Providing an OT focus and education about that role (1 person)
- Continuing to engage in service development activities - that is important for services (1 person)
- Applying organisational values at work (1 person).

One person commented that it is difficult to make systemic changes in large organisations.

## The value of the Skills Matter programme

Just over eight out of 10 respondents considered the Skills Matter programme adds great value to their workforces/organisations. One in 10 were neutral while fewer than one in 50 people reported it has little or no value (see Figure 8).



**Figure 8: The value of the Skills Matter programme to the workforce/organisation (n=58)**

## Examples of the programme's value to the workforce/organisations

Many respondents reported the greatest value of the Skills Matter programme is to ensure staff, especially new graduates, are able to enhance their practice within supported academic and workplace environments.

*It is a pipeline to employment, upskilling new graduates: an enabler for workforce development.*

*Means we are able to extend the skills/capabilities of our staff to offer a better service to our client group.*

*The programme has been accepted as necessary for new employees into mental health.*

A number of people mentioned that professional development funded through the Skills Matter programme is essential.

*Funding is crucial in supporting staff to obtain more skills and knowledge.*

*We couldn't do it without you as we are a small NGO in a very complex area.*

Although the programme was seen by some respondents as valuable for allied workers, for others it was considered to be less so.

*So important for a new graduate OT ... in a system dominated by the medical model to reinforce what has been learnt as an undergrad and to help advocate for best practice.*

*It has been an opportunity to support new grads from allied health into mental health practice. Although I am concerned that by opening it up to nursing has changed the opportunities for allied health learning in the classroom at AUT. I think this has been a negative of the programme.*

One person emphasised the benefits of new thinking that accompanies Skills Matter trained staff and another suggested the training should be available to all clinicians working in outpatient settings.

## Support for workers around work/life/study balance

Almost all respondents provide supervision, mentoring and/or precepting to workers to support their management of the pressure around work/life/study balance during their courses. Almost nine in every 10 give workers time off work to attend classes and/or time off work to study. Just over four in every 10 respondents provide coverage for workers while away on courses and/or pastoral care to help them manage the pressure (see Table 2).

**Table 2: Ways in which employees were supported to manage the pressure of work/life/study balance**

Ways in which employees were supported to manage the pressure of work/life/study during their courses	Percentage
Supervision/mentoring/precepting (n=58)	97%
Time off work to attend classes (n=53)	88%
Time off work to study (n=50)	83%
Coverage while away at course(s) (n=25)	42%
Pastoral care (n=25)	42%

## Other ways employees were supported during their study

A number of other ways employees are supported to manage the pressure of work/life/ study balance were described. These involved:

- Opportunities to present assignment topics to colleagues and receive critical feedback (1 person)
- Planning (1 person)
- Coordination to support the programme as a whole (1 person)
- A supportive team (1 person)
- Resources at the workplace (1 person)

- Partnering NESPs and NESP workers who attend courses together and support each other (1 person)
- Having a nurse coach within the mental health service (1 person).

Some people reported difficulty in providing the support workers required:

*In a rural team, coverage while the workers are studying is not possible.*

*Often only the basics of a role can be covered while workers are studying, which adds to the pressure when they come back to work.*

*It is difficult to access senior staff to provide supervision.*

## Integration of academic components into workplaces

Many suggestions were made about the integration of academic components into workplaces where clinical models and risk management take precedence.

Five respondents indicated this is already standard practice in their organisations.

*This is already done here, balancing these concepts with risk etc.*

*In Child and Adolescent Mental Health Services (CAMHS) the above are well integrated into our practice.*

There is also an understanding of the challenges associated with the integration process.

*Extricating self from the reactive and responsive mode to a reflective and critical thinking mode is extraordinarily challenging when working in busy wards with high vacancy rates.*

Several people mentioned person-centred care as a way to integrate academic components into workplaces where clinical models and risk management dominate.

*Staff are encouraged to engage with tangata whaiora, with them at centre of care rather than being task and timeframe driven.*

*Service users being able to have a voice about the aspects of their lives which are most important to them and their whānau needs to be highlighted.*

A wide range of practical suggestions were made. These included:

- Performance development plans (1 person)
- Planned learning (1 person)
- Courses (e.g. CBT, child and adolescent trauma-informed care) (1 person)
- Workshops (1 person)
- Online reading (1 person)
- Projects (1 person)
- Practical assignments (1 person)
- Audit of clinical notes to ensure the theory behind an intervention is clear (1 person)

- Video interviews (1 person)
- Using case studies (1 person)
- Making use of supernumerary positions (1 person)
- Modelling best practice (1 person)
- Being persistent in the implementation (1 person)
- Getting workers to spread their knowledge to others through presentations etc. (1 person)
- Sharing advocacy and open communication with MDTs (1 person)
- Use of workers' own clients in case studies (1 person).

Support and teaching from senior staff/supervisors and the Ministry of Health was also a strong theme for survey respondents.

*The workers are integral in leading this ... with support from leadership team.*

*Support for nurse coach role, as well as the mentors and preceptors in recognising and how to make the most of 'learning moments'.*

*Influence from a government level needs to pervade down to start a shift away from risk management to safety planning and positive risk-taking approaches that support best practice such as person-centred and trauma-informed care.*

*First present at in-service training, then include as part of [job description] for care coordination and key working, include as quality improvement project for key working then bring on board to infiltrate to all parts of the work until it becomes an everyday practice in assessments, key working, care planning and service delivery for all employees, doctors to take the lead.*

Several shifts in behaviour and thinking were also recommended. They are listed below:

- Prioritisation of evidence-based principles and skills (1 person)

*... reinforcing the importance of workforce development and effective performance management, to ensure values and attitudes align with best practice.*

- Ensuring all aspects are included in comprehensive assessment processes (1 person)
- Being able to keep an open mind and balance risk against real life (1 person)
- Learning the concepts of relational security - people, environment, impact of trauma on functioning (1 person)
- Increasing the focus on aspects of recovery associated with protective factors (1 person)
- Considering the alignment of clinical risk and academic components (1 person)
- Exploring the different approaches by clinicians and practitioners (1 person)

*The challenge for NGO staff is working with the DHB where the clinical model remains the dominant practice model. Some examination of these conflicting approaches would make this transparent and may address the frustration experienced by new graduates working in this environment.*

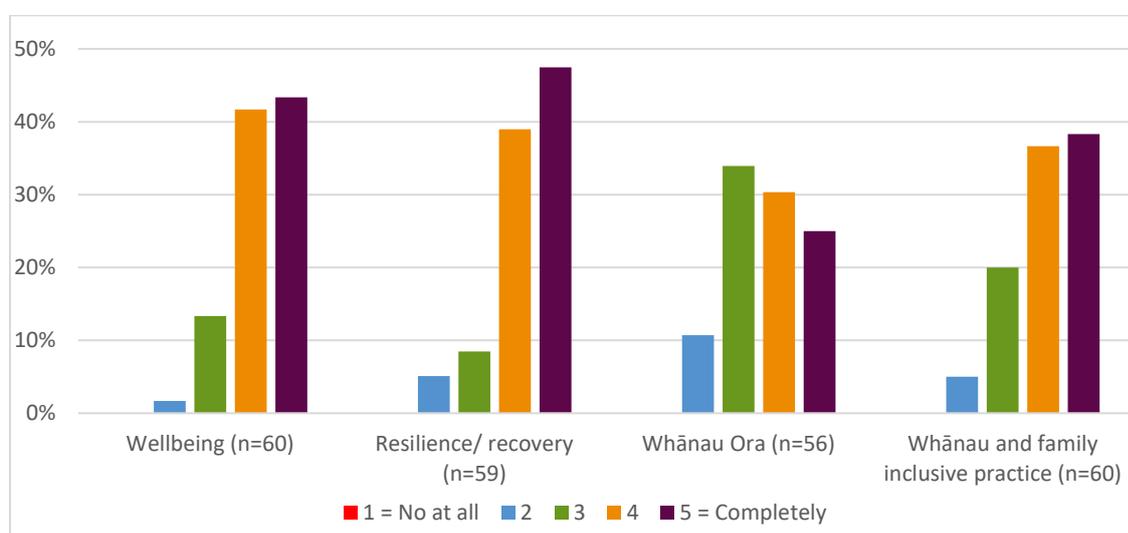
One respondent also commented it is important to grow the workforce in order for therapeutic interventions to be managed alongside clinical models and risk. Another indicated the importance of resourcing this growth.

## The extent to which principles underpin organisations' practice

Just over eight out of 10 respondents reported that wellbeing and resilience/recovery are key principles underpinning their organisations' practice. (see Figure 9).

Over half the people revealed that Whānau Ora is a principle in their organisations' practice. A third were neutral on that subject. One in 10 reported this is not necessarily an underpinning principle in their practice.

Around three quarters of the respondents considered whānau and family inclusive practice to be a principle in their organisation. One fifth were neutral on the subject and one in 20 reported it is not a principle underpinning practice in their organisations (see Figure 9).



**Figure 9: The extent to which selected principles underpin organisational practice - I**

Six out of every 10 respondents reported models of Māori health underpin their organisations' practice. Over a quarter were neutral on the subject while one in every 10 revealed it is not a principle underpinning their practice (see Figure 10).

A quarter of the respondents included Pacific models of health as principles underpinning their practice with a third giving a neutral rating. Just over a third indicated Pacific models of health are not a principle underpinning their practice (see Figure 10).

Perspectives relevant to Asian, migrant, refugee and other culturally diverse communities are principles underpinning practice in a third of the respondents' organisations. Almost one in three respondents were neutral on the subject and another third reported these are not principles underpinning practice in their organisations (see Figure 10).

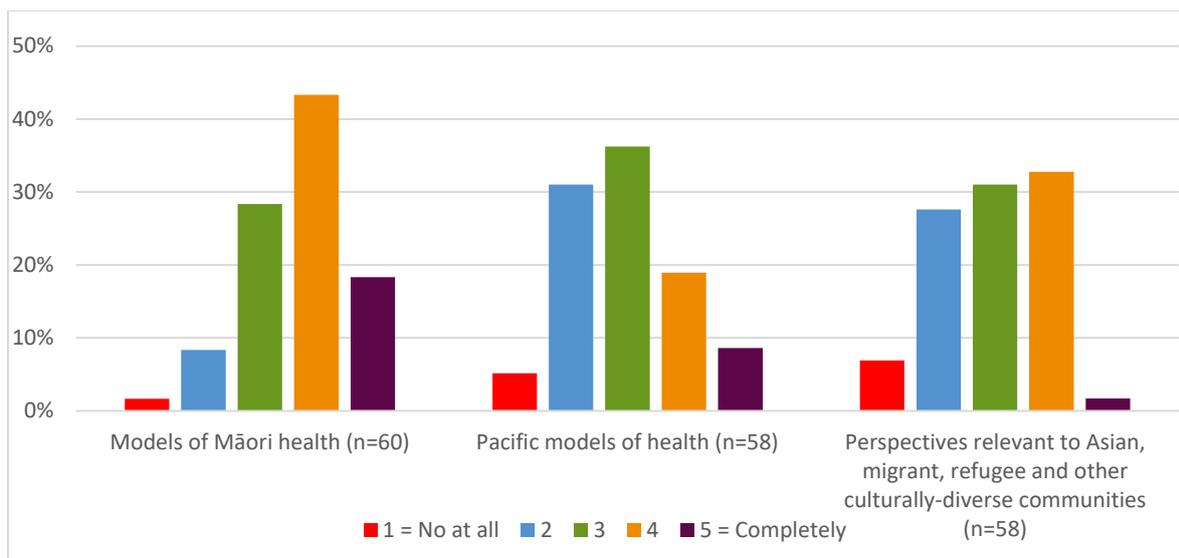


Figure 10: The extent to which selected principals underpin organisational practice - II

## The introduction of self-care models into Skills Matter-funded courses

There was strong consensus that self-care models should be introduced into NESP and all Skills Matter-funded courses (see Figure 11).

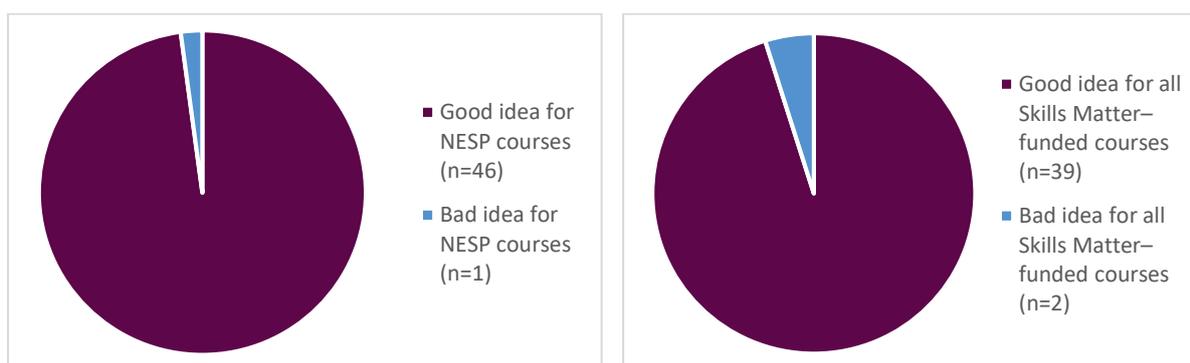


Figure 11: Should self-care modules be included in Skills Matter-funded courses?

## Reasons for ratings about self-care modules

Several respondents indicated they already have systems in place to ensure their employees' resilience.

*We have had a strong focus on resilience and self-care in our team. More than half the team are new and mostly new to CAMHS and young (fairly new to practice) so our leadership team (clinical coordinator, myself and docs) have put a lot of energy into team events, supervision, providing stability and making this a great place to work, alongside this has been 1 to 1 support to help staff understand what resilience means to practitioners.*

*We should be encouraging this as a standard for all staff.*

Others talked about how important self-care is due to the challenging nature of clinical work, especially with increased pressure and no additional resources.

*Clinical work is increasingly demanding, there are more and more pressures to do more for people with no more resource. People need to be resilient or they burn out.*

Some people argued that self-care is important in order to effectively help others.

*If you are teaching people how to effectively help others using evidence-based skills (including addressing lifestyle factors) then people can use these same skills in their own lives, and should be encouraged to do so in order to get some perspective of what it is like to be a client.*

Someone remarked that it will be difficult to retain a future younger workforce who are considered to have less resilience unless they are taught self-care.

*... We are recruiting a young workforce and will be going forward, with less resilience than previous generations and that with the complexity and demands in mental health we will not retain these people as it will be 'all too hard ' and they will seek other less-demanding employment opportunities.*

One comment indicated self-care is important because there are fewer NESP and NESP Allied graduates in the workplace compared to others who are in practice based on medical models.

*Often NESP workers and allied health professionals are in the minority and there is a constant struggle to advocate for best practice against a stronger, more confident and more medical model entrenched workforce. Good self-care is important to be able to maintain momentum to challenge the practice that is not consistent with the basic principles of respect and client-led service delivery.*

Someone suggested good infrastructure and resources are important to help staff practice self-care and develop resilience.

*The catch here is having the infrastructure to support staff to build resilience. If management and leadership are not able to pull on resources when needed this sets up staff to fail. This also risks placing all the responsibility on individual staff to build resilience when often culture and the service you are working in can either support or erode resilience.*

One person disagreed with the others commenting that, as adults, workers should not have to be taught resilience, particularly in mental health. Another respondent does not believe a few lectures on this subject will impact resiliency, even though it sounds good on paper.

## **Further comments about the Skills Matter programme**

Many comments were made reiterating the high value of the Skills Matter programme and expressing gratitude.

*Great programme and [it] has become the norm for our organisation to expect new graduates to work towards this programme.*

*I'm very envious of new graduates and the opportunities they have with the NESP course. It has certainly helped to strengthen service delivery and reinforced best practice. I have personally enjoyed learning vicariously from NESP workers.*

*Skills Matter programme is an invaluable resource.*

## Recommendations

A few people were apprehensive about the programme in their comments but added useful recommendations. All are included in full below as they each concern a different issue.

*Huge concern is increasing restrictiveness of entry into National Addiction Centre by Otago University. If they keep it up everyone will be a nurse or social worker and white! More consideration needs to be given to AOD Practitioners who can study at this level and have a level 7 diploma.*

*My principle beef with Skills Matter is that the modalities/courses supported are principally individual focused (CBT, Interpersonal Psychotherapy) but to my knowledge there is no funding support for studies in Family & Systemic Therapies - we need to do better in working therapeutically with family/whānau, but current staff do not have the confidence to do this work well, if at all. Family & Systemic work - Whakaora Whānau - has fallen way behind the needs & demands for such.*

*The only one of the courses funded by Skills Matter that truly leads to evidence-based practice, and therefore improved outcomes for clients, is the CBT Post Grad. Cert. via Otago. I have not seen much benefit in the others. I would suggest that Motivational Interviewing also be added to this package, perhaps the Motivating Behaviour Change papers through University of Canterbury. The other courses sound good, but do not seem to actually teach evidence-based skills.*

*What we also need is a NESP programme for physical occupational therapist given the preparedness for practice of new graduate occupational therapists in the DHBs and the complex presentations we are now working with.*

*I would hate to see the programme lose focus. I have a concern with AUT opening the programme up to new grad nurses the focus is changing and it may lose its value within the workplace.*

*Hope it can be extended to mental health practitioners in primary health as well.*

*The Social worker did state that some of the block courses were more useful than others. Would urge you to seek detailed feedback from workers re this. Also, would be good to meet with a staff member from your organisation together with the clinical manager in the area person working, the worker and the Social work Professional Leader - or have a joint Skype hook up - to discuss any improvements, issues that are evident.*

There was a call to send the survey results to respondents.

# Summary and discussion

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## Summary

This report outlines results of an online survey of employers and/or supervisors of workers who completed post graduate study in 2019 and were funded through the Skills Matter programme. Links to the survey were sent to 208 people in September/October 2019 with a request to pass it on to others who might be in a position to comment. Sixty people responded to the survey.

Major changes in workers' knowledge, skills and confidence have been reported with many illustrations of the types of changes noticed. According to respondents, workers greatly improved their practice. Employers/managers reported that workers incorporated theory from their courses into practice around service users and whānau, their colleagues and, in some cases, their organisations.

Almost half the respondents observed sizeable changes in workers' values and attitudes. However, one in twenty people reported little or no change in this area. This is most likely due to workers having appropriate values and attitudes prior to commencing the course. Several comments indicated workers had a more client-centred approach and/or increases in self-belief.

Respondents provided opportunities for workers to demonstrate best practice and gave feedback on improved ways of working.

Changes in practice are reported to have had a positive impact on service users and their whānau. Many examples of how this was demonstrated were provided.

Workers funded through the Skills Matter programme also had a positive influence on their colleagues and some of their organisations. Respondents gave numerous examples of this in the survey.

Survey respondents consider the value of the Skills Matter programme to the workforce and their organisations is major. The main value is ensuring staff, especially graduates, are able to enhance their practice within supported academic and workplace environments. The Skills Matter funding was mentioned by some as crucial.

Almost all respondents provided support around work/life/study balance. This included supervision, mentoring and/or precepting of workers and time off work to attend classes. Coverage during courses and pastoral care was also provided by four in every 10 respondents. Other types of support provided by respondents were also detailed in the body of the report.

Person-centred care was mentioned most often as a way to integrate academic components into workplaces where clinical models and risk management took precedence. Many other suggestions were made about practical ways to integrate academic components. The integration of these was reported to already be standard practice in some workplaces.

Wellbeing and resilience/recovery were key principles underpinning practice in most organisations from which respondents came. Whānau and family inclusive practice and models of Māori health (Whānau Ora) were also common, but somewhat less often. Pacific models of health and perspectives relevant to Asian, migrant, refugee and other culturally diverse communities were not widely reported to be common underlying principles in the organisations from which respondents came.

There was a strong consensus that self-care models should be introduced into NESP (New Entrants to Specialist Practice) and all Skills Matter-funded courses.

Many comments reiterated the high value of the Skills Matter programme, pointing out that it is an invaluable resource. Useful recommendations were made to help to inform and develop future courses.

## Discussion

Overall, the very positive findings in this report are consistent with other evaluation findings about the Skills Matter programme. These include annual feedback directly from students immediately after their courses<sup>1</sup> and up to two years after graduation<sup>2</sup>. A major review of the programme in 2018 also supported the strength and value of this programme<sup>3</sup>.

It is encouraging to find major changes in knowledge, practice and skills are noticed and appreciated by those managing and/or supervising workers. This is especially important in relation to the way workers deal with service users and their whānau.

Results from this survey verify the extent to which the values and attitudes in *Let's Get Real* are being embedded in everyday practice. This is a key finding as these form the basis of acknowledged best practice in mental health and addiction services in New Zealand.

Findings of this survey indicate self-care models need to be included in all Skills Matter courses. This will help reduce the high number of students experiencing difficulties managing the stress associated with balancing work, study and life. The results of this survey verify that backfilling does not occur in almost 60 per cent of the organisations surveyed. No solutions to this issue have been recommended as this appears to be related to lack of replacement staff in some NGOs and rural areas. A similar proportion of organisations are not providing pastoral care to students to help relieve stress during their study.

There is evidence in this report that not enough is being done to embed principles relating to practice around Māori, Pacific, Asian, migrant, refugee and other culturally diverse communities in organisations. More needs to be done in this area.

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1 Example: Skills Matter student feedback results 2019 - Evaluation of all courses funded under the Skills Matter programme (Published on the Te Pou website)

2 Results of follow up interviews with Skills Matter students from 2016 (Unpublished)

3 Skills Matter Review Report – Te Pou Copyright December 2018 (unpublished)

# Appendix A The survey

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## Introduction

This survey is part of the evaluation work around the Skills Matter programme funded by Te Pou o te Whakaaro Nui (Te Pou). As part of this, we would like to know what experiences those who have employees who have undertaken Skills Matter-funded courses have and what impact the training has made.

Some of you will have more than one trainee in the programme. Please keep all of them in mind when answering the questions.

It will only take 10 minutes (we promise). All responses will be anonymous.

The survey will close at 9am on Monday November 21st 2019.

Ngā mihi,

Angela Gruar  
National Manager, Learning and development  
Te Pou o te Whakaaro Nui

## The questions

Please note that some questions want you to rate something while others ask for you to provide detail if possible. The more detail, the better from our perspective.

1. What changes did you notice in employees' knowledge as a result of their course(s)

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> 1 = No change | <input type="radio"/> 4                 |
| <input type="radio"/> 2             | <input type="radio"/> 5 = Major change  |
| <input type="radio"/> 3             | <input type="radio"/> Unsure/Don't know |

Please give examples of any changes noticed

2. What changes did you notice in employees' skills as a result of their course(s)

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> 1 = No change | <input type="radio"/> 4                 |
| <input type="radio"/> 2             | <input type="radio"/> 5 = Major change  |
| <input type="radio"/> 3             | <input type="radio"/> Unsure/Don't know |

Please give examples of any changes noticed

3. What changes did you notice in employees' confidence as a result of their course(s)

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> 1 = No change | <input type="radio"/> 4                 |
| <input type="radio"/> 2             | <input type="radio"/> 5 = Major change  |
| <input type="radio"/> 3             | <input type="radio"/> Unsure/Don't know |

Please give examples of any changes noticed



9. What influence, if any, have employees had on your organisation in terms of best practice

- 1 = No influence                       4  
 2     5 = Major influence  
 3     Unsure/Don't know

Please give examples of any influence noticed

10. What value is the Skills Matter programme to your workforce/ organisation?

- 1 = No value at all                       4  
 2     5 = Great value  
 3     Unsure/Don't know

Please give examples of the value the Skills Matter programme to your workforce/organisation

11. How are employees supported by your organisation to manage the pressure of work/ life/ study during their courses?

- Time off work to study                       Coverage while away at course(s)  
 Time off work to attend classes                       Pastoral care  
 Supervision/mentoring/precepting

Other (please specify)

12. Please suggest ways in which the focus of the academic components (trauma-informed care, narrative assessment and person-centred-care) can best be integrated into the focus of a workplace where a clinical model and risk management can, at times, take precedence.

13. To what extent do the following principles underpin practice in your organisation?

	1 = Not at all	2	3	4	5 = Completely	Unsure/Don't know
Wellbeing	<input type="radio"/>					
Resilience/ recovery	<input type="radio"/>					
Whānau Ora	<input type="radio"/>					
Whānau and family inclusive practice	<input type="radio"/>					
Models of Māori health	<input type="radio"/>					
Pacific models of health	<input type="radio"/>					
Perspectives relevant to Asian, migrant, refugee and other culturally-diverse communities.	<input type="radio"/>					

14. Issues of workforce wellbeing and resilience were a theme in the recent Skills Matter review. "Pressures at all levels of the treatment sector were noted as was the need to be building the resilience of those in the workforce. It was suggested that self-care modules could be included in NESP programmes." What are your views about this?

- Good idea for NESP courses
- Good idea for all Skills Matter-funded courses
- Bad idea for NESP courses
- Bad idea for all Skills Matter-funded courses

Please give reasons for your answer(s)

15. Please add any further comments you have about the Skills Matter programme

**Skills Matter** 

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

[www.tepou.co.nz/skillsmatter](http://www.tepou.co.nz/skillsmatter)

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