

Working with Families and Whānau - ESSENTIAL SKILLS

KINA TRUST

A Report to Midland Mental Health and Addictions Network April 2011

Background

Let's get real is a framework describing the seven essential knowledge skills values and attitudes required to deliver mental health and addiction services (*Ministry of Health, 2008*). Working with Families and Whānau is one of the essential skills in this framework.

This project was a collaborative effort between Kina Families and Addictions Trust and the Midland Mental Health Network. This work, sponsored by Eseta Nonu-Reid, the Midland Regional Director, was aimed at equipping the mental health and addictions workforce in the Midland Region with the essential knowledge and skills in working with families and whānau.

Trish Gledhill, Kina Trust Director, was the Kina project leader and Ruth Choudhary, Workforce Development Coordinator, of the Midland region, was a key person in providing links with the Midland Region workforce. Rebecca Missen was the principal Kina Trust contractor responsible for the preparation and delivery of workshops. A partnership approach to this project was demonstrated through considerable liaison between both organisations which occurred primarily between Trish Gledhill and Ruth Choudhary.

Goals

The primary goal of the project was to equip mental health and addiction workers in the Real Skill of working with families and whānau. This Real Skill is described as:

"Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support" (Ministry of Health, 2008, pg 4).

While recognising the breadth of skills and experience in the region, this workshop was designed to focus on the *essential level* of working with families and whānau. It aimed to improve workshop participants' knowledge and skills of the following *let's get real* working with families/whānau performance indicators:

- To recognise that a service user's family/whānau may extend beyond traditional family concepts
- To recognise that Māori have processes that promote and support the establishment of relationships through kinship, genealogy, history and location
- To work in partnership with the service user to identify and include family/whānau, significant people and other networks to support recovery
- To establish connection and rapport with family/whānau as part of a thorough assessment process and recovery planning
- To work with family/whānau in such a way that they feel heard, informed and supported
- To share relevant information with family/whānau and significant people while respecting the service user's right to privacy
- To work to understand family/whānau perspectives, including the dynamics within family/whānau

- To identify those who can provide support within the community, including hapū and iwi, and connect family/whānau with them

The *Let's get real* framework proposes that everyone working in the mental health and addictions sector will be able to demonstrate the essential level of the performance indicators. Various degrees of knowledge and skill about working with families are apparent across this workforce. A worker's level of general experience working in the sector, however, is not always consistent with their familiarity or confidence in working with the values, attitudes and essential skills outlined in the *Let's get real* framework. In order to capture people less familiar with these approaches, the workshops were promoted as being suitable for newer workers developing their skills in family work and also for more experienced staff who would like to reflect on their current practice.

The workshop aligned closely with the content of *the Let's get real Working with Families and Whanāu Essential Level Learning Module* (Te Pou o Te Whakaaro Nui, 2009a) whereby components of the module were incorporated throughout the workshop manual. The manual and workshop were also intended to align closely with the *Real Skill for Working with Māori* (Te Pou o Te Whakaaro Nui, 2009b), and *Real Skills Plus Seitapu for working with Pacific Peoples* (Le Va, 2009).

The Workshops

Four one day workshops were provided in the following locations; Rotorua, Hamilton, New Plymouth and Gisborne in venues organised by the Regional Workforce Coordinator. Workshops were promoted by the Workforce Coordinator through local networks and liaison with managers. There was no cost for participants to attend.

There was an enthusiastic response to these workshops in the region. While evaluations were completed by 53 participants, the total of participants on the day was a little more and the final number attending was recorded by the Workforce Coordinator. The workshop evaluations provided information about people attending the workshops and feedback about the content and process of the workshops.

The workshop participants

Of those attending, 42% identified as Pakeha/New Zealand European, with 28% identifying as Māori, 16% European and 9% of mixed ethnicity. 2% identified as 'other' (See Appendix 1 for more details).

More than half (57%) of respondents described their role as a clinician, 17% as a community support worker, with management and peer support worker both at 7%. Another 7% also responded as having more than one role. The majority of workers, 55%, described themselves as working in a general mental health service. A further 30% stated that they worked in a combination of two or more settings, with 13% stating they worked in addiction services, and 2%, or one respondent, stating they worked in other services. More than half the respondents, 58%, stated that they worked in NGOs, with 34% from DHBs. 4% stated they worked in 'other' organisations and a further 4% did not respond.

Over a third (39%) of workers described themselves as working in a city location, with 30% stating they worked in more than one location e.g. rural and city, 15% in a town, 8% in a mobile or regional location and a further 8% in a rural location. New Plymouth and Rotorua were the largest workshops with 14 and 15 evaluations respectively. Hamilton and Gisborne both had 12.

Workshop Aims

The workshops aimed to create a greater understanding within the mental health and addictions workforce of:

- Working with diverse families
- How to encourage family involvement with the recovery process
- Specific family inclusive strategies that they can use
- The impact that values and attitudes can have on this work
- Reviewing policies relevant to involving families
- Support and resources available to families in the community

These aims were clearly linked with the performance indicators described in the essential skills learning module. The key content areas for the day therefore included:

- Welcome/whakawhanaunatanga
- Creating effective partnerships
- The diversity of families and whanau
- Practical ways to involve families
- Responding to challenges
- Services and resources for families and whanau
- Reviewing and reflecting

Workshop processes and activities:

A participatory, interactive workshop was developed to provide opportunities for people to reflect on best practice in relation to family inclusive practice. Activities centered on the internal and external driving forces that impact, both positively and negatively, on the ability of people to work with families. These appeared to be effective processes to provide opportunities for people to reflect on the values and attitudes that underpin partnership approaches to working with families and whānau.

Effective tools for identifying individual's family, their strengths and resilience were identified and practised. For many participants these were new to practice. Workshop activities included role play exercises, group (whole and smaller group) discussion, a continuum, a game and practice of particular tools.

A certificate of attendance was provided to each person and DAPAANZ members were eligible for 15 professional development points for attending the day.

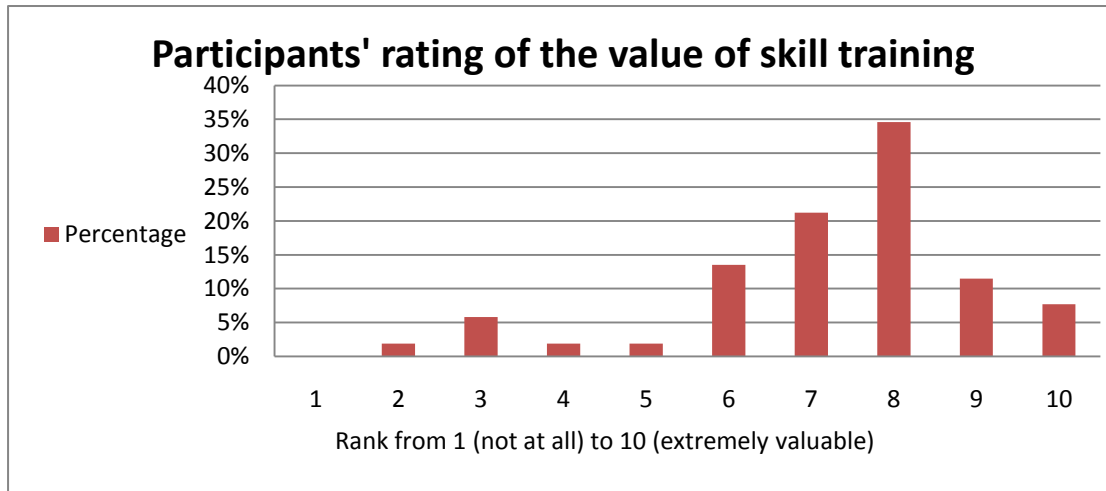
Workshop resources

A workshop manual was provided to give participants all the information covered in the one-day workshop as well as additional background and reading material. This manual was therefore designed to closely match the workshop programme. The intention was that the manual could be added to and continue to serve as a valuable resource in enhancing the family inclusive practices of workers.

Other resources displayed at the workshops provided examples of useful reading or resources for using with families. These included Mental Health Commission publications, Matua Raḡi resources and other Te Pou and Kina Trust publications. Many of these, and other relevant literature, could be accessed through Kina Trust. Participants were encouraged to access other material from the Kina website and other sites. They were also encouraged to join the Kina Trust database in order to stay connected to others with the similar interest in family work and to continue to have access to other events and training.

Participant Responses

The participants were asked to rate on a scale of one to ten, how valuable they found the workshops. The following graph illustrates their responses.



In answer to rating “How valuable was this training for you?” participants scored an average of 7/10. The median was 8/10. The feedback from the workshops was typically very positive with 54% of people rating the course as 8 or above and 75% as 7 or above. There were a handful of people who rated the course as 5 or lower and the majority of those commented that the training was not sufficiently specific or advanced enough for their needs. This response was not unexpected due to the large numbers of clinicians attending - some of whom were very experienced.

The most useful aspects of the workshop were highlighted as the “discussion and group interaction” (29%) and networking” (27%). “Reflection on families and family processes” was seen as useful by 9% of people and “role play” by 8%. Other comments included the value of tools and general principles, interactive exercises, sociograms, and refreshment of basic skills.

The comments received about the facilitation were overwhelmingly positive with 52% commenting that the facilitation was good, very good, great or excellent and 13% commenting that it was well presented. The remaining comments were almost exclusively complimentary. When asked – “what are some things that could be done differently?” 58% gave no answer or stated that nothing needed to be done, 9% expressed a wish for longer training and 5% expressed a wish for a bigger or better venue. The remaining comments covered a variety of issues usually stated by only one or two people.

In answer to the question – “Can you state one immediate change you would implement?” 28% responded that they would work on increasing the involvement and awareness of families, 17% said they would spend time learning or reviewing their organisation’s family policies, and 15% said they would start using sociograms. Small numbers of others suggested other changes they would make. 17% made no answer to the question.

When asked for additional comments, 43% of respondents made no further comments. Of those respondents who made any further comment, the most significant response was from the 21% of

respondents who expressed a desire for more specific or advanced work. 9% expressed their thanks and 8% complimented the good food.

Facilitator Feedback

Facilitator roles:

Rebecca Missen, the key facilitator is an experienced mental health nurse and facilitator with extensive clinical experience across mental health and addictions. One of the main facilitation roles was eliciting the knowledge and experiences within the participant groups and building on these in a positive manner that focused on best practice. Ruth Choudhary also participated in one workshop.

Responses:

Group interaction varied from workshop to workshop, though generally towards the end of the first section (policy activity), interaction markedly increased. Participants with experience described the workshop, generally, as a good reflective exercise and reminder of tools already known but not regularly used. The interactive, face to face training processes worked particularly well in facilitating reflection on attitudes and comments about collaborative, strength –based approaches. It was also deemed important that the workshop processes were enjoyable and strength-based themselves. This was especially evident in the ‘panel of experts’ activity conducted late in the day.

Participants commented on the value of including tools able to be used in practice. They compared this approach with other education opportunities that frequently give no link from academic knowledge to clinical practice and requests for Practitioner Level training were made. Facilitation of the workshops was generally described as energetic and informed. Evaluations returned pointed to the aims of the workshops being met.

Problems / difficulties:

The workshops were attended by people with a wide range of roles and experiences. This was both challenging and rewarding in facilitating the day as the diversity of a group contributed to the depth of the discussions.

Although the advertising flyer clearly stated that the training was at the Essential Level, a few people came with an expectation of a more expert level of information. The importance of not assuming any basic underpinning skill base of workers was highlighted. This was apparent, for example, in relation to engagement skills. This was also accentuated by the varied roles of the participants. Likewise, it was evident that some workers, including those in leadership roles were considerably challenged in their existing attitudes and approaches to working with families.

Considerations for Future Workforce Activities

1. Working with Families and Whanau – Practitioner and Leadership level

With the foundation work now completed, the provision of further workshops is very achievable. With interest in Practitioner level training it is important to maintain some momentum in the workforce for those already trained in the essential levels to advance workforce capacity. Kina Trust is currently reviewing existing training and resources that the Trust provides at this level, to ensure close alignment with *Let's get real*.

Consistent with other workforce endeavours such as the Co- existing Problems initiative, the engagement of leaders and managers is seen as a key mechanism to promote practice change. Workshops can also be provided at this level to ensure that other workforce initiatives are supported by well informed and engaged managers and that any key barriers to service delivery

can be identified and where possible addressed. In this way training can also closely complement other CEP initiatives.

2. Evaluation

Measurement of the uptake of this training across the region and gathering further data about the impact of the training would assist with informing the successful implementation of Real Skills in this region. It would also reveal how *Let's get real* influences developments in everyday practice towards more inclusive practices in the Mental Health and Addictions sector.

Summary

Kina Trust was contracted by Midland Workforce Development, to provide four one-day workshops in the Midland Region focused on the Real Skill of Working with Families and Whānau from the *Let's get real* framework. Led by Eseta Nonu-Reid, Midland Regional Director, MH&A Service Development, and working in collaboration with Ruth Choudhary, the Regional Workforce Coordinator, Kina Trust provided training and resources aimed at equipping workers to achieve the performance indicators of the essential level of this Real Skill.

Workshops were delivered during March 2011 at four sites to participants comprising of DHB and NGO workers. Evaluations received from the facilitators and participants indicate that the project objectives were met. Interactive one-day workshops were seen as working well as a mechanism to explore and develop these essential skills and the attitudes and values that underpin this work in the sector. Feedback would suggest that this workforce is now ready to access further training at the practitioner level of working with families and whānau. Further links may also be established to align with CEP initiatives or other workforce endeavours in fostering inclusive approaches with managers and leaders.

Acknowledgement must go to the people that have contributed significantly to this endeavour; in particular, Eseta Nonu-Reid for her sponsorship, Ruth Choudhary for her support in the implementation across the region and Rebecca Missen, workshop facilitator. Thanks also to the Service Managers for supporting this opportunity for staff training.

It is hoped that these collaborative efforts, working in partnership with Kina Trust, will result in better outcomes for service users, and their family and whānau, accessing services in the mental health and addictions sector.

Trish Gledhill

Director

Kina Families and Addictions Trust

References

- Le Va. (2009). *Real Skills Plus Seitapu: working with Pacific Peoples*. Auckland: Le Va.
- Ministry of Health. (2008). *Let's get real: Real Skills for people working in mental health and addiction*. Wellington: Ministry of Health.
- Te Pou o Te Whakaaro Nui. (2009a). *Let's get real. Working with families/ whānau: Essential level learning module*. Auckland: Author.
- Te Pou o Te Whakaaro Nui. (2009b). *Let's get real. Working with Māori: Essential level learning module*. Auckland: Author.

Appendix 1 Participant Information

53 evaluations were received and analysed . These evaluations provided the following information on people attending the workshops.

Numbers for each location

Number	Location	Date
15	Rotorua	9 March
12	Hamilton	10 March
14	New Plymouth	23 March
12	Gisborne	29 March
53		

Identified ethnicity of the participants

	Number	%
Maori	15	28
Pakeha / New Zealand European	22	42
Pacific Nation	0	0
European	10	19
Asian	0	0
More than one	5	9
Other	1	2

Participants' roles

	Number	%
Administration e.g. Receptionist	0	0
Clinician e.g. Nurse, Counsellor, Social Worker	30	57
Consumer representative e.g. Consumer Advisor	2	4
Community Support Worker	9	17
Family representative e.g. Family Advisor	0	0
Lead Clinician e.g. Psychiatrist, Supervisor	0	0
Management e.g. Team Leader	4	7
Peer Support Worker	1	2
More than one	4	7
Other	3	6

Health Service Providers

	Number	%
Non-government Organisation	31	58
Primary Health Organisation	2	4
DHB	18	34
No Answer	2	4
Other	0	0

Focus of participants' health services

	Number	%
Mental Health	29	55
Addiction	7	13
Dual Diagnosis	0	0
General Health	0	0
Cultural-specific health service	0	0
Other	1	2
Combination of 2 or more	16	30
No answer	0	0

Location of health services

	Number	%
Rural	4	8
Town	8	15
City	21	39
Mobile/regional	4	8
More than one	16	30
No answer	0	0

Appendix 2 Participant Feedback

What were the most useful aspects of the training?

Comment	Number	%
Reflection on families and family processes	5	9
Discussion and group interaction	15	28
Activities	1	2
Everything	3	6
Role Play	4	8
networking	13	24
strength based cards	1	2
interactive exercises	3	5
Sociograms	1	2
Tools and general principles	3	6
Refreshment of basic skills	2	4
Keeping up with training	1	2
Folder	1	2

What are some things that could be done differently?

Comment	Number	%
Tables	1	2
More emphasis on tools	1	2
Broken up into smaller chunks	1	2
More assertive splitting up of groups	1	2
Ice breaker/brain teaser	1	2
Longer	5	9
Bigger/better venue	3	5
More interactive activities	1	2
Scenarios with a variety of approaches to real life experiences	1	2
Provide new information	1	2
Policy	2	4
Maori Powhiri model	1	2
Higher level of training	1	2
More role plays	1	2
Less talk from facilitator and more from participants	1	2
No answer or said none	31	58

Can you state one immediate change you would implement?

Comment	Number	%
Involvement and awareness of family/whanau	15	28
Review/learn policy	9	17
Sociograms	8	15
Implement general principles	1	2
networking	3	6
strength based cards	2	4
aware of phrasing when with clients	1	2
Shorten timeframe between visits	1	2
discussion with and involvement of other staff	1	2

other	3	6
no answer	9	17

Please comment on the facilitation and process

Comment	Number	%
Excellent	12	23
Great	5	9
Very good	7	13
Good	4	7
Lovely facilitator	4	7
Well presented	7	13
Relaxed facilitation	2	4
Enjoyed it	3	6
Plenty of time for discussion	1	2
Methodological	1	2
Very clear, fun and informative	1	2
Facilitator speaks clearly	1	2
Pleasant facilitator	1	2
Good information sharing	1	2
Nothing stated	3	6

Any other comments?

Comment	Number	%
thanks	5	9
more of the same	2	4
Good food	4	8
more advanced or specific work	11	21
Other groups should attend	1	2
Turn training into a publication	1	2
Training for psychiatrists immediately	1	2
Other	5	9
nothing	23	43