Let's get real
REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTION

Midland Region
Non Governmental Organisation

Implementation and Evaluation

June 2011

Midland
District Health Boards
MENTAL HEALTH & ADDICTION
REGIONAL NETWORK

Acknowledgements

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A special thank you to focus group participants. Thank you for sharing your stories, time and commitment to best client care and outcomes.

For a complete list of organisations that have participated in the implementation evaluation workshops, please refer to Appendix 1.

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Contents

Acknowledgements **2**

1. Introduction **5**

2. Executive Summary **6**

3. Background **7**

3.1 Midland Region - Demographic Snapshot 7
3.2 Previous Workforce Development Initiatives 8
3.3 *Let's get real* 8

4. Methodology and Methods **9**

4.1 Managers and Leaders NGO Focus Group 9
4.2 Survey 9
4.3 Methods 10
4.4 Limitations 10

5. Key Findings **10**

5.1 Regional Trends 10
5.2 Implementation of *Let's get real* 10
5.3 What Supported Implementation of the *Let's get real* Framework? 12
5.4 Future Learning 15

6. Key Themes **16**

6.1 Is there any evidence of a relationship between organisational size, FTEs and implementation of Lets get real enablers? 16
6.2 Regularly Applied Enablers 16
6.3 Where To From Here? 16

7. Recommendations and Suggestions **19**

1. Identification of 'Local Champions'. 19
2. Regional 19
3. National 19

8. References **20**

Appendix 1: NGO Attendance List **21**

Appendix 2: Tairawhiti Survey Data (secondary) **22**

Appendix 3: Survey Questions **25**

Appendix 4: Individual DHB Area NGO Implementation: Bay of Plenty DHB **27**

Individual DHB Area NGO Implementation: Lakes DHB 29

Individual DHB Area NGO Implementation: Tairawhiti DHB 31

Individual DHB Area NGO Implementation: Taranaki DHB 32

Individual DHB Area NGO Implementation: Waikato DHB 34

List of Tables

Table 1 Midland Region NGO Focus Group – Implementation of *Let's get real*.....11
Table 2 Midland Region Focus Group – Application of Enablers.....12
Table 3 The Enablers used by BOP NGO Focus Group.....28
Table 4 The Enablers used by Lakes NGO Focus Group.....29
Table 5 The Enablers used by Taranaki NGO Focus Group.....32
Table 6 The enablers used by Waikato NGO focus group.....34

List of Figures

Figure 1 Midland Region NGO Focus Group – Implementation of *Let's get real*.....11
Figure 2 Midland Region Focus Group – Application of Enablers.....11
Figure 3 Implementation Barriers – Participant Experiences.....13
Figure 4 The Enablers Used by BOP NGO Sample.....27
Figure 5 The Enablers Used by Lakes NGO Sample.....29
Figure 6 The Enablers Used by Taranaki NGO Sample.....32
Figure 7 The Enablers used by Waikato NGO.....34

1. Introduction

The *Let's get real* framework describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services (Ministry of Health, 2008). In July 2009, the revised national Service Specifications Framework Phase 1 was released for utilisation in the NGO sector and for provider arm services - 1 July 2010 (Te Pou, 2009). The Tier One service specifications refers to the *Let's get real* framework as the preferred workforce development model.

In mid 2009, the Midland Regional Mental Health and Addiction Workforce Coordinator - Haehaetu Phillips facilitated the rollout of *Let's get real* (Te Pou) to the Midland region. Endorsed by the Midland Regional Workforce Advisory Group (MRWAG) and the Midland Regional Mental Health and Addictions Network Director – Eseta Nonu-Reid, *Let's get real* (Te Pou) workshops were delivered to all five District Health Board (DHB) areas within the Midland region.

Between 2009 to mid 2010, approximately 30 workshops occurred within the Midland region. The Midland Region Mental Health and Addictions Network (MRMH&AN), with support from Te Pou delivered workshops to both Non Governmental Organisation (NGO) services with mental health and addiction contracts and provider arm services.

Endemic within any form of training and importantly one that undertakes a national imperative, it is timely to review and utilise the learning that has occurred, specifically, focusing on NGO implementation of *Let's get real* within the Midland region. This project has been undertaken by the MRMH&AN, and while it is hoped that it will echo common national themes, the focus of the evaluation is to identify regional and local specific information to support implementation.

The report findings are a result of four facilitated leaders and managers NGO focus groups occurring in four of the five DHB areas (Lakes, Bay of Plenty, Taranaki and Waikato). The results of the Tairawhiti workshop is included in this report, however, interpreted as secondary data, as workshop format and facilitators differed due to the change of Workforce Coordinator during the evaluation period. See Appendix 2.

2. Executive Summary

This report describes the project undertaken by the MRMH&AN in evaluating the implementation of *Let's get real* with the Midland NGOs. Using a focus group methodology, participants were asked five questions. Their responses were thematically analysed alongside review of survey data completed at the focus group.

The findings suggest that there is sufficient evidence of service implementation drawing on enabler application as an indicator. While only two services of the focus groups demonstrated 'nearly full implementation', most services that were part of the focus groups reported an application of at least one enabler. The most commonly applied enablers were the Human Resources Tool followed by the utilisation of learning modules. Participants reported the following as supporting implementation of the *Let's get real* framework:

- Likening the framework to an industry standard
- Organisational readiness
- Resource access.

This is explored in more depth in section 6.3.

Data was collected from the managers and leaders focus groups from the four Midland DHB areas; Bay of Plenty, Lakes, Taranaki and Waikato. Secondary data was reviewed from the Tairawhiti workshop which had occurred prior.

The implementation challenges reported by services identified the following:

- Organisational capacity/resources
- Staff perceptions
- Governance
- Lack of implementation support
- Information overload (too much…too soon)
- Language

Each of the challenges is explored in more depth in section 6.3.2.

As identified in the report, the strength of implementation requires a mixture of local/regional and national leadership. Participants reported a variety of mechanisms to support implementation including:

- Specific workshops on various enablers in the style of train the trainer
- Forums or mechanisms for NGO managers and leaders to share information and problem solving
- Development of a quick reference guide

More detail is provided in more depth in section 6.4.

3. Background

3.1 Midland Region - Demographic Snapshot

The Midland region is made up of five DHBs, Bay of Plenty, Lakes, Tairawhiti, Taranaki and Waikato. The region covers 56,738km sq, and comprises 21% of the New Zealand land mass. The total population of the region at the time of the Midland Region Mental Health Needs Assessment (2011) was 835,395. The ethnic composition of the Midland region is reported as 24.8% identifying as Maori, 2% as Pacific, 4.4% as Asian, and 68.9% as other.
As reported in the Midland Region Mental Health Needs Assessment (2011), the Waikato DHB area covers the largest land mass area and has over a third of the population within the Midland region. This is in contrast to Lakes, Bay of Plenty, Tairawhiti and Taranaki DHB areas, covering a range between 7944.6 to 9649.5m sq meeting the needs of 15-17% of the Midland region population. The projected growth for the Midland region over the period of 2010-2026 is expected to grow by 9.2%.

3.1.1 Midland Region - Social and Economic Snapshot

The Midland region encompasses a unique social and economic landscape. The Midland Region Health Needs assessment (2011) identified the following trends for the region.

- 21.8% of the population is aged under 15 years, 13.8% of the population are aged between 15 – 24 years, 50% of the population are aged between 25 – 64 and 14.5% are over 65 years. As reported in the Midland Region Health Needs Assessment (2011), over time, the percentage of young people will decrease compared to an increasing percentage of older people.
- A high proportion of Maori and Pacific people (nearly half) reside in the most deprived quintile and 5% in the least deprived quintile.
- 19.2% of the population reside in rural or isolated areas. This is higher than the national average of 12.2%.
- The level of deprivation in the Midland region is higher than the national average especially in some of the more remote and isolated areas. The Tairawhiti DHB area has the highest deprivation levels, with 45% of the population residing in the most deprived quintile and 9% in the least deprived quintile.

3.1.2 Service Providers

Within the Midland region, and in addition to provider arm mental health and addiction services, there are over 100 NGOs that are contracted to provide a range of mental health and addiction services. As diverse as the regional landscape, so to are the NGOs within each DHB area. Each area demonstrating a unique mix of national, regional and local organisations delivering from a range of contracting sources (Community Corrections, Local Council, Health, Disability, Whanau Ora) as well as mental health and addiction. Comparative to other regions, the Midland region has the highest number of NGOs and Kaupapa Maori NGO providers.

3.2 Previous Workforce Development Initiatives

Workforce development has and continues to be a priority for the MMH&AN. Investment by the MMH&A in the Midland Region Mental Health and Addictions Common Capabilities professional development resource demonstrated their commitment to developing a workforce informed by best practice (MRMH&A, 2007). Consisting of 12 learning modules and packaged as a comprehensive resource, it included a CD, slides and trainer notes. The modules were designed to enhance the knowledge base of individuals, complimenting recognised educational and professional qualifications, while providing the flexibility to be delivered alongside existing programmes; as a stand alone training package or as a joint professional development initiative between NGO and provider arm services (MRMH&A, 2007). Over 300 people participated in the rollout of Midland region Common Capabilities until late 2008.

Strongly influenced by the content of the Midland Region Common Capabilities resource, the development of *Lets get real* (Te Pou) initiated the transition to a newly created national framework. The work undertaken by the Midland region Common Capabilities project placed the Midland region in a positive position to transition to the *Let's get real* framework (Te Pou) in 2009.

3.3 *Let's get real*

Let's get real is a framework that identifies the essential skills, values and attitudes required to deliver mental health and addictions services. This is the key point of difference between *Let's get real* and competency frameworks, such that, irrespective of role, discipline and type of organisation, it sets out the expectations of people working in mental health and addiction services. It is important to note, *Let's get real* doesn't replace existing competency frameworks but aims to underpin service delivery by strengthening shared understandings, affirming best practice, enhancing workforce development and accountability of services to key stakeholders while complementing the Health Practitioners Competence Assurance Act 2003 (Te Pou, 2009).

Underpinning the *Let's get real* framework is the seven real skills (as listed below):

- Working with service users
- Working with families/whanau
- Working with Maori
- Working within communities
- Challenging stigma and discrimination
- Law, policy and practice
- Personal and professional development.

Each real skill has a broad definition and three sets of performance indicators aimed at the following levels, essential, practitioner and leader/manager. The levels have been structured to align with the different roles within the mental health and addiction sector.

To support implementation of the *Let's get real* framework into organisations, five enablers were developed. The enablers are:

- A guide for Managers and Leaders
- Human Resources tool

- Team Planning tool
- Learning modules for the seven real skills
- Education tool

The enablers were developed to help organisations and learning institutions implement *Let's get real* during the transition phase.

As identified earlier, the *Let's get real* framework has been referenced in Tier One national service specification, as the preferred workforce development model (Te Pou, 2009).

4. Methodology and Methods

The research methodology employed a qualitative approach with data collection drawing on both qualitative and quantitative methods. The methods of data collection included:

- Facilitated NGO managers and leaders focus groups
- Survey
- Secondary data analysis of qualitative data

4.1 Managers and Leaders NGO Focus Group

A facilitated focus group with managers and leaders of NGOs occurred in four of the five DHB areas. Feedback regarding utilisation and application of the five enablers was obtained through small group discussion and then presented to the wider group. This also created the opportunity for additional information to be collected and shared amongst participants.

The workshop format and questions can be found in Appendix 1; however, the intent of the workshop was to identify:

- What enablers were implemented
- How were the enablers implemented
- Why were enablers selected (i.e. circumstances contributing to decision to utilise)
- What were the barriers to implementation and possible solutions
- What were additional training needs.

4.1.1 Secondary Data Analysis of Qualitative Data

The qualitative results from the Tairawhiti workshop was clustered with current themes identified.

4.2 Survey

All participants were provided a one page (double sided) survey, requesting information relating to:

- Organisational size and source of contracts
- Specific organisational responses to the above
- See Appendix 3

4.3 Methods

Quantitative and qualitative data was collected from each of the regions and thematically analysed to provide Midland region findings. Individual focus group data has been analysed and presented from each of the DHB areas and can be found in the Appendix 2.

4.4 Limitations

Clearly, the report findings are limited due to the small sample size of focus groups. Invitations were sent to NGO managers and leaders within the four selected areas. Information was collated only from those that attended the focus group. The application of the Education tool enabler was not collected.

5. Key Findings

5.1 Regional Trends

This section provides a regional analysis of key findings. This section firstly, provides a snapshot of Midland NGO focus group participants, followed by implementation and barriers to *Let's get real.* Concluded by, the learning's identified by participants and summary. Specific responses are included in Appendix 3.

5.1.1 Snapshot of Midland Region NGO Focus Group Participants.

- Within the Midland region, 69% of representatives identified their mental health and addiction contracts were locally sourced, 13% regionally and 18% of participants held national contracts.
- Over 75% of the participants identified their organisation had less than 10 FTE's, with 6% reporting between 15-20 FTE's, 6% reporting between 20-25FTEs, 6% reporting between 25-30 FTEs and 6% of participants reporting between 30-40 FTEs within their organisation.
- In identifying contract source, 50% of participants reported solely delivering a mental health and addictions contract. The remainder of the participants held additional contracts with other sources such as, Community Corrections, Ministry of Social Development, City Council, and Whanau Ora. Of those participants that reported holding additional contracts, 90% of participants held, only one additional contract. Common contract sources include Ministry of Social Development and City Council.
- Over 90% of participants identified they had implemented *Let's get real*, with over half to full implementation. 11% of participants reported 90-100% implementation and 6% reported not implementing.
- See Appendix 4 for Individual DHB Area Implementation Reports

5.2 Implementation of *Let's get real*

Participants were asked to identify whether their organisation had implemented the *Let's get real* framework, and secondly what their organisation did. Responses varied, based on the level of integration of *Let's get real* into their organisations. When participants were asked to comment on the level of implementation within their respective organisations, over 80% of participants in the focus groups, that responded yes and somewhat (Fig 1), provided evidence of implementation through application of enablers.

Figure 1 Midland Region NGO Focus Group – Implementation of *Let's get real*

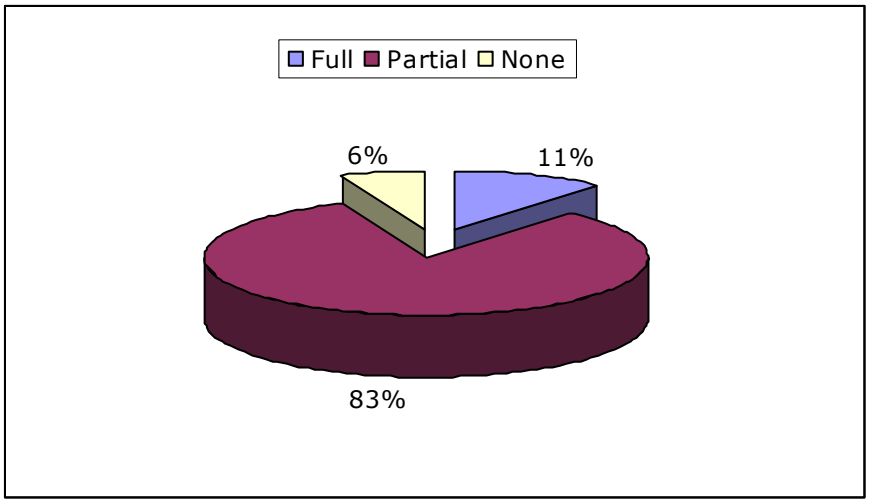


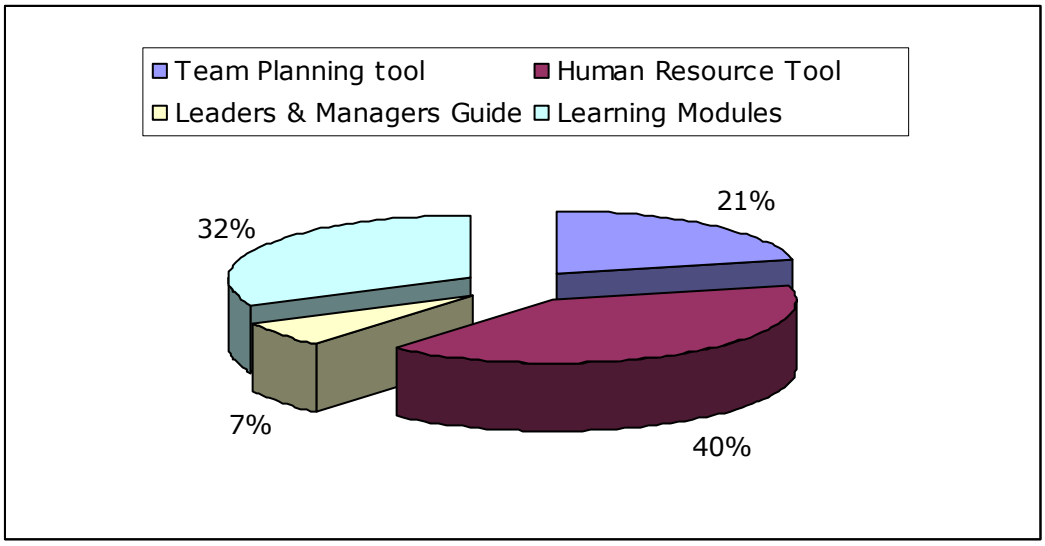
Table 1 Midland Region NGO Focus Group – Implementation of *Let's get real*

Implementation of *Let's Get Real* within NGO sample size	**Full**	**Partial**	**None**
Number of NGOs Total sum = 18	2	15	1
Percentage of sample NGOs and level of implementation	11%	83%	6%

5.2.1 Application of *Let's get real* Enablers

For participants that reported implementing *Let's get real*, they were then asked to identify enablers utilised and why.

Figure 2 Midland Region Focus Group – Application of Enablers



The enablers that were frequently referred to were the Human Resource Tool, Team Planning Tool and Learning modules. For participants that applied the Human Resource Tool, the common rationale referenced, was the ease of template application and alignment to recruitment and job description processes. For the

participants that referenced the Team Planning Tool, organisational development was reported as the portion of the enabler utilised.

Figure 2 will not show an equal number of responses per participants. This is due to participants referring to more than one enabler in their responses. A total of two participants or organisational representatives reported 90-100% implementation.

Table 2 Midland Region Focus Group – Application of Enablers

Enablers	Team Planning Tool	Human Resource Tool	Leaders and Managers Guide	Learning Modules
Number of participants that used the enabler. Total participants = 18	6	11	2	9
% of participants	21%	40%	7%	32%

5.3 What Supported Implementation of the *Let's get real* Framework?

The responses for this section have been thematically organised in three key areas, industry standard, organisational readiness, resource access. Each of these themes will be discussed in more depth and complimented with secondary data analysis data.

5.3.1 Industry Standard

Participants likened the content of the *Let's get real* framework to providing a benchmark for an industry standard, relevant not only for the workforce but also organisational governance and operational processes. While for one participant, the role of a quality manager assisted in implementation of the Human Resource tool into their orientation manual, most participants relied on the enablers to align existing policies and procedures and or to identify ongoing needs. Essentially, for managers and leaders that had identified *somewhat* or *yes* to stages of implementation, a key aspect was belief in the framework and desirable results.

5.3.2 Organisational Readiness

Most commonly identified in both the foci groups and the secondary data analysis was the theme of organisational readiness. This is broken into two parts, organisational support of the *Let's get real* framework and staff engagement. Governance board support was key in implementing *Let's get real* for most organisations with strong leadership. This was fundamental if there was a change management process occurring within the organisation. Secondly, and most significant was the support of senior staff. Participants reported, this involved the manager investing time with their governance board and team leaders, ensuring both were aware and prepared to implement the processes and framework. There were no clear timeframes identified, however, 90-100% implementation required consistent reference to *Let's get real* to embed fully within organisational mindset.

5.3.3 Resource Access

Most participants reported having access to hard copy information was helpful in being able to educate staff and their governance committee about *Let's get real.* This also included access to workshops, training and use of websites.

5.3.4 Summary

Fundamentally, the majority of participants that had implemented the *Let's get real* framework to (some degree) were very supportive of the framework and its intent. The three issues identified, provide an indication of what supported implementation for the sample group of NGO's. Clearly, resources, leadership and a commitment/belief to the framework supported implementation. Most notably, practical examples of how to utilise enablers and selective portions, led to buy in.

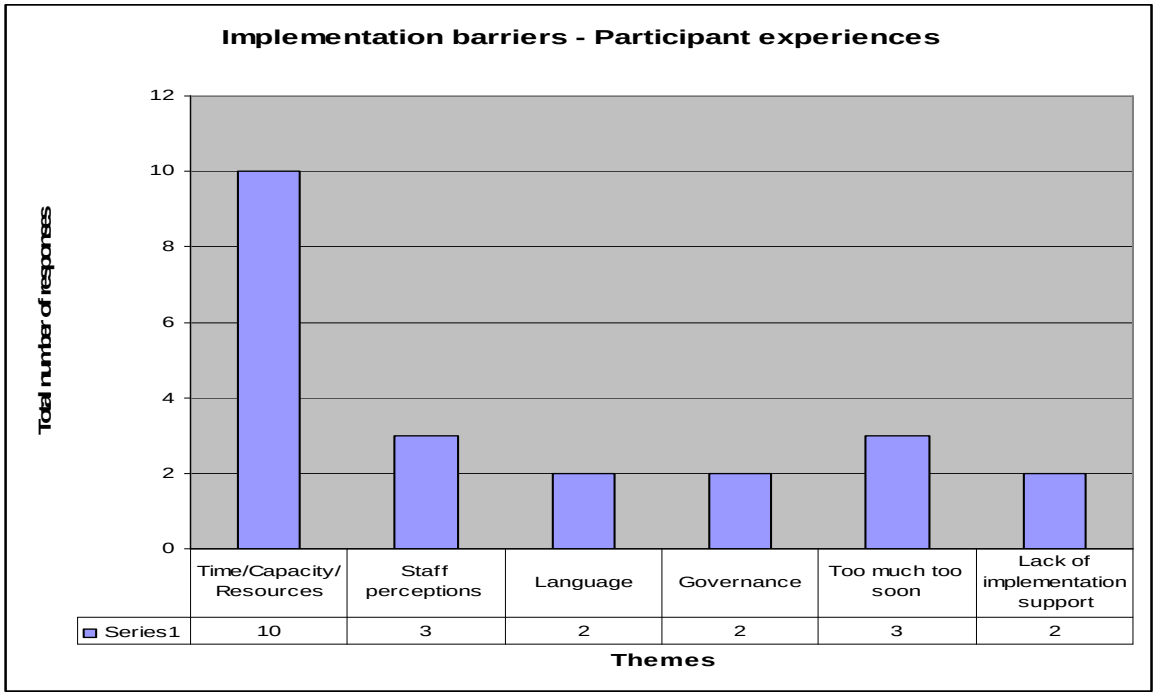
5.3.5 What are the Implementation Challenges of the *Let's get real* Framework?

There were common themes identified by participants that attended the NGO managers and leader's workshop and analysis of secondary data. The common themes will be discussed in more detail and are identified as:

- Organisational Capacity/Resources
- Staff perceptions
- Language
- Governance
- Lack of implementation support
- Information overload

As indicated in Figure 3, most participants described Organisational Capacity and or Resources as the primary challenge to implementation. The total sum of the responses will differ to total participant numbers, as participants may have identified more than one challenge.

Figure 3 Implementation Barriers – Participant Experiences



5.3.6 Organisational Size

Organisational size was identified as a challenge for NGOs with national contracts and a large workforce as well as for those with local contracts and a small workforce (1.5 FTE).

For NGOs that held national contracts, they were more likely to be reliant on central office to accept implementation of *Let's get real* into their organisations. While local offices would exercise some ability to introduce training aligned to *Let's get real*, organisational processes such as Human Resources were strongly aligned to national office and out of the control of local office management. For NGOs with local contracts and a small workforce (i.e. 1.5 FTE), implementation of *Let's get real* was desirable but not necessarily attainable, due to the time constraints, competing pressures (i.e. PRIMHD) and a large amount of information.

5.3.7 Organisational Capacity or Resources and Time

Despite a willingness to implement and agreement to the fundamental principles of the *Let's get real* framework, managers and leaders reported the primary barrier being organisational capacity and resources. Competing requirements such as PRIMHD, evolving Mental Health projects and business as usual contributed to challenges identified in implementation. Primarily, managers and leaders reported the additional time required to become familiar with the framework, knowing what part of the framework to implement and how. For smaller organisations, downloading resources was described as difficult compared to accessing hard copy information, and the amount of information within the multiple documents. The absence of a mentor or dedicated support to *Let's get real* implementation was identified as compounding the difficulties for organisations to implement.

5.3.8 Staff Perceptions

Managers and leaders also reported staff perceptions as a challenge to successful implementation. Examples provided by workshop participants, suggested staff were also engaging in training/activities mandated by their professional bodies and organisations, leaving minimal perceived time for their clinical activity. Staff reluctance, was described primarily in relation to time used to attend or participate in non direct clinical activity.

5.3.9 Governance

For participants that reported partial implementation, the role of the Governance board was identified as a necessity to move towards full implementation. For the organisations that reported 80-90% implementation and over, they reported strong Governance board buy in.

5.3.10 Too Much….Too Soon….

This theme was strongly aligned to organisational capacity and resources. For participants that identified organisational capacity and resources as a challenge to full implementation, they also verbalised perceived high external expectations of providers. For the majority of participants, the following was reported as contributing to barriers to implementation:

- The number of projects that organisations are currently engaged with (such as PRIMHD) and perceived silos with other activities (such as Co-existing problems, DHB reporting requirements, auditing processes)
- The amount of information within the framework
- The stage of implementation (organisations may have just started or are intending to do more)

5.3.11 Lack of Implementation Support

Participants that identified lack of implementation support, primarily identified difficulties in negotiating where to start and how. Responses ranged from needing additional support in how to apply the framework within

their organisation, how to use the documents, in terms of the extensive material available and additional workshops for those that had partially implemented.

5.3.12 Language

Information reported in the focus groups and secondary data suggest, some of the language used within *Let's get real* is complicated and the amount of information may exclude people from utilising the resource.

5.3.13 Summary

Clearly, a number of factors have contributed to the implementation of *Let's get real* within organisations. While primarily the majority of comments relate to resources available to support implementation, comments were also underlined with the what, how and where to start?

5.4 Future Learning

Within each local DHB area, the enthusiasm and support of *Let's get real* was evident through the focus groups. While, participants described common challenges, they also identified solutions, locally and regionally that will be explored in the next section. The intent of this section is to present potential opportunities to consolidate the *Let's get real* framework within organisations.

Responses were thematically organised into three key points:

- Implementation
- Workshops
- Additional needs

5.4.1 Implementation

Implementation canvassed a number of opportunities:

1. Support to implement –
    - One to one support to assist in 'walking' through *Let's get real* by individuals that have practical experience of using the framework
    - Build local capacity through creating opportunities for services to share information regarding implementation and linkages with other projects

2. Resource development -
    - Development of a resource that provides a 'how to guide' or 'quick reference' to best utilise the information within *Let's get real*. This was pertinent for smaller organisations.

5.4.2 Workshops

Participants identified specific workshops to assist in implementation:

- Stakeholder evaluation/feedback
- Workshops for whole service
- Values and attitudes
- 7 Real Skills
- A doable version of using framework

- Service development, leadership and management

5.4.3 Additional Information

In the current climate, the recognised need for NGOs to work together as a consequence of contracting processes and service specifications leads a new era. For participants that attended the focus groups, additional workshops for managers and leaders regarding interagency coordination catered to the new environment was identified.

6. Key Themes

6.1 Is there any evidence of a relationship between organisational size, FTEs and implementation of Lets get real enablers?

Based on feedback received, there appeared to be a greater likelihood of local/regional organisations implementing portions of the *Let's get real* enablers, due to more flexibility and higher degrees of influence in managerial processes. There did not appear to be a relationship between FTE's (i.e. larger size organisations) and level of implementation, based on the feedback received.

6.2 Regularly Applied Enablers

For the NGO managers and leaders that participated in the workshops, the implementation of the *Let's get real* framework was evidenced by use of the enablers.

For participants that reported implementing *Let's get real* within their organisations, the most commonly accessed enabler was the Human Resources Tool, followed by the Learning modules. Examples provided by organisations included sharing facilitation of learning modules (used as part of staff training), identification of appropriate skill set required to deliver services as part of recruitment, performance appraisal and management processes. Lesser applied enablers included the Team Planning tool and the Managers and Leaders Guide.

6.3 Where To From Here?

For the Midland region, *Lets get real* draws on the foundational work achieved through the development of Midland Region Common Capabilities framework. It is important to acknowledge the commitment, belief and collaboration to the Common Capabilities framework and the role it has had in the transition and implementation of *Lets get real,* creating a primed landscape. As described by leaders and managers, *Lets get real* was described as 'organic' and 'intuitive', providing practical templates that could be readily accessed and used as their own.

It is difficult to 'evaluate' *Lets get real*, for a number of reasons, such as absence of a national evaluation framework process and the variability of implementation. However, it is possible to evaluate the level of implementation based on enabler application. As earlier reported, a number of other decisions such as resources, time available of leaders and managers, alignment with current projects, buy in of governance boards, and history of success using other tools influenced implementation.

Based on focus group findings, Midland NGOs are providing examples of implementation of *Let's get real*; however, the level of implementation varies. Variance between DHB areas were also evident, whereby training workshops based on the learning modules were purchased, while others, accessed governance training. Throughout the workshops, an emerging theme was the importance or value attached for NGO managers and leaders being able to discuss implementation processes and alignment with current projects locally, regionally and nationally.

During the workshops, service managers and leaders would share examples of implementation as well as creating opportunities for collaborative work. An example was a smaller organisation with less than 5 FTE was provided the opportunity to access specific training (aligned with the 7 Real Skills) with a larger organisation. Other examples brought to the workshops, included, the team leader of one service, facilitating team training learning modules for another service as part of a quid pro quo relationship.

For successful implementation of *Let's get real*, the strength of implementation would be based on mixture of local, regional and national leadership.

6.3.1 Locally

On a local level, most services appear to have attended the initial workshops and then attempted to implement based on the resources, knowledge and understanding of the framework, in a very singular manner. While there were some examples of local collaborative relationships supporting implementation, most examples were indicative of utilising a piecemeal approach based on individual organisational time, resources and implementation knowledge. This is in addition to the services who, have strived for full implementation.

Clearly, consistently through the focus groups, service managers and leaders had the opportunity to share their process of implementation with others. This, for some workshop participants led to offers of support to share training or implementation processes, making it more 'manageable'.

6.3.2 Regionally

On a regional level, all five DHB areas have received *Let's get real* workshops. The most consistent theme regionally, is how to support local level capacity while maintaining a forward moving regional approach.

There appear to be differences between the DHB areas in overall implementation. As identified earlier, only two participants from the four focus groups reported full implementation. The implication for those DHB areas, potentially mean, that in terms of locally led examples of *Let's get real*, only two DHB areas have services that have strived for full implementation. Consistently services, throughout the focus groups have identified benefiting from implementation examples or training provided by those that have 'walked the talk'. The risk therefore, for any regional approach is that, the overall sector is at different stages of implementation, and the risk of 'training for the sake of training'.

6.3.3 Nationally

On a national level, there needs to be consistency between national workforce projects in integration or linkages to the *Let's get real* framework. There needs to be resources and training created that support local level implementation through identification of champions and ongoing training as well as quick easy guides to support smaller services.

Within the Midland region, there are a number of national organisations that deliver mental health and addiction services. To support implementation, central offices need to be part of the workshop presentation, to support local and regional implementation.

7. Recommendations and Suggestions

As reported earlier, the energy, belief and commitment to *Let's get real* from the Midland NGO sector has been commendable. Despite a number of internal and external initiatives, PRIMHD, contracting changes, recruitment and business as usual, there is a sense of commitment to the framework. It would be precarious to take this lightly, considering the previous commitment to the Midland Common Capabilities project. Based on the findings, the following recommendations are made.

1. Identification of 'Local Champions'.

It is suggested that each DHB area identifies NGO champions. Local NGO champions would be trained to support implementation and training within their own DHB area.

2. Regional

The role of the Midland Region Network would be to continue to support implementation through regional negotiation of workshops and training. Additional workshops identified by participants include:

- Values and Attitudes for frontline staff (both NGO and DHB). This is to create the opportunity for frontline staff to be introduced to the framework.
- Multi-organisation governance workshops

3. National

- Development of a 'quick reference' guide for *Let's get real* to support organisations identify easily where to start.
- Implementation examples of *Let's get real*

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Midland Region Mental Health and Addictions (2010). *Midland Region Strategic plan 2010-2015.* Lakes District Health board.

Midland Region Mental Health and Addictions (2010). *Midland Region Workforce Strategic Plan 2011-2014 (Final Draft)*. Lakes District Health board.

Te Pou (2009). *Let's get real* Overview. Auckland

Websites

http://www.bopdhb.govt.nz/PlanningFunding/ourdistrict.aspx

http:www.tdh.org.nz

http://www.waikatodhb.govt.nz/page/pageid/2145838647/About_us

Appendix 1: NGO Attendance List

Bay of Plenty
BOP Community Homes trust
Get SMART
Tauranga Community Housing trust
Tirohia te Kopere Trust
Western Bay of Plenty Mental Health trust

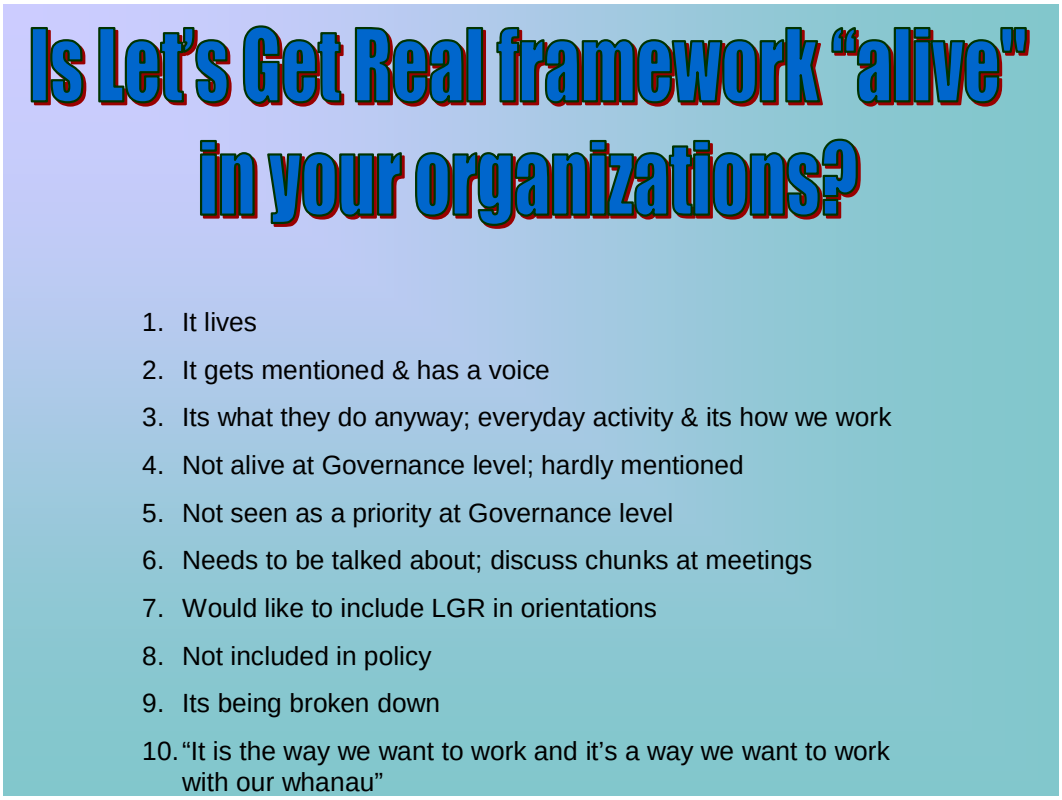
Lakes
ARC
Bainbridge trust
Pretoria Lodge
Te Utuhina Manaakitanga Trust
Marita Ranclaud – Lakes DHB Planner and Funder

Tairawhiti
Ngati Porou Hauora
SF Tairawhiti
Te Kupenga Trust
Tairawhiti DHB

Taranaki
Healthcare NZ
Te Whare Puawai o Te Tangata
Tui Ora
Tu Tama Wahine o Taranaki
Pathways Trust
Jenny Jones – Taranaki DHB Planner and Funder

Waikato
Care NZ
Healthcare NZ
Progress to Health
SF Waikato
Te Runanga O Kirikiriroa

Appendix 2: Tairawhiti Survey Data (secondary)



What further supports are needed for you to use the framework?

1. No capacity to implement
2. Information is overwhelming, too much & time consuming
3. Takes time to go through tools
4. A useful tool for strategic planning
5. Useful templates +
6. Too much detail in some templates
7. Helpful in identifying areas of concern
8. Problems in implementation
9. Wrong timing for programs
10. Overwhelmed on the ground
11. Time factor (to go through tools)
12. Need a competent dedicated person to support

What are the issues and barriers of implementation?

1. Time
2. Capacity & capability
3. Practicality
4. Mentorship
5. Reactive & Responsive
6. Current environment
7. Pure intent
8. Too much information
9. Programmes could be merged
10. Training on top of training on top of training (Collision of training)
11. Valuing the workforce for what
12. Invested in growing their own workforce
13. Overloaded staff

Is the framework user friendly?

1. Big words, complicated jargon
2. Templates are good
3. A lot of information to read
4. It showed where your deficits and your strengths lie
5. Putting what we do on paper
6. "We're so busy trying to be good at what we do that we spend 55 minutes doing documentation and 5 minutes with the client"
7. Its useful when we have a new person on board
8. A presentation for governance level

General Discussion

1. You have to be involved; you have to have experience of walking the walk to do the template
2. "It gives us as workers a broader vision of where we're going"
3. You have to dedicate time to it
4. Should clinical assess non clinical (no credibility)

Appendix 3: Survey Questions

Let's get real – Evaluation Feedback

Name:…… Organisation:…….

Role: ……

The following questions are about your organisation. They will contribute in identifying common areas for organisations based on size, infrastructure and or location that may influence Let's get real implementation. The data is treated as confidential and data will be released in aggregate form.

1. **Does your organisation deliver MH & AOD services?** (please tick) **Yes** **No**
   - Locally only ☐ ☐
   - Regionally (please specify where: ……) ☐ ☐
   - Nationally (please specify where: ……) ☐ ☐
2. **How many MH & AOD FTE's are within your service in your DHB area (approximately)?**

   ……
   .....
3. **Does your organisation hold contracts other than MH&AOD. If so, please state in general terms the funding stream (i.e. Whanau Ora, Ministry of Social Development, Ministry of Education, Community Corrections, City Council contracts, DHB)**

   ……

   ……

   ……

The following questions are about Let's get real and implementation. This information will be used alongside workshop outcomes.

1. **Has the Let's get real framework been implemented into your service?** (please tick)

   ☐ Yes ☐ Somewhat ☐ No (please go to question 3)

If so, please identify what your organisation did?

……

……

……

Please describe what best supported implementation? (ie what worked well, organisation structure, readiness of organisation, contractual)

……

……

……

2. **What were the barriers to implementation and outcomes?**

……

……

……

3. **If we were to deliver more *Let's get real* workshops, what specifically would you like to know, that would assist implementation within your service / organisation?**

……

……

……

4. **Additional comments?**

……

……

……

Thank you for completing this evaluation feedback form. Your feedback will assist us to ensure that "*Let's get real*" is meeting the needs of our Midland sector

Appendix 4: Individual DHB Area NGO Implementation: Bay of Plenty DHB

The Bay of Plenty (BOP) DHB area covers a land mass area of 9649.5 m sq, with a population of 210,980 people. Seventeen percent of the total Midland region population reside in the BOP DHB area (Midland Region Mental Health and Addictions, 2011). Within the BOP DHB area, three quarters of the population reside in the Western Bay of Plenty with the remainder residing within the Eastern Bay of Plenty.

The reported ethnic composition of the BOP DHB area populous is as follows, 24.7% (52,200) identify as Maori; 3% (6410) identify as Asian; 1.3% (2800) as Pacific, and 70.9% (149,570) identify as other (Midland Region Mental Health and Addictions, 2011). There is a relatively equal distribution of Maori residing within the Western and Eastern Bay of Plenty (www.bopdhb.govt.nz).

A quarter of the BOP DHB area populous resides in rural areas or in small settlements. An approximate quarter of the populous residing in high deprivation areas. The population has been projected to grow by 17.5% over the period of 2010-2026. This is the highest projected level of growth of all Midland DHB areas (Midland Region Mental Health Needs Assessment, 2011).

The key priority areas as reflected by the BOP Health Needs Assessment (www.bopdhb.govt.nz) include:

- Key health problems include heart disease, cancer, respiratory disease, diabetes an injury
- Increasing number of older people with multiple health conditions
- Life expectancy is nearly five years lower in the Eastern Bay of Plenty compared to the Western Bay of Plenty
- Significant mental health and disability support service needs within the district

There are approximately 47 NGO providers with a variety of mental health and addiction contracts within the BOP DHB area.

BOP – Implementation of *Let's get real*

Figure 4 The Enablers Used by BOP NGO Sample

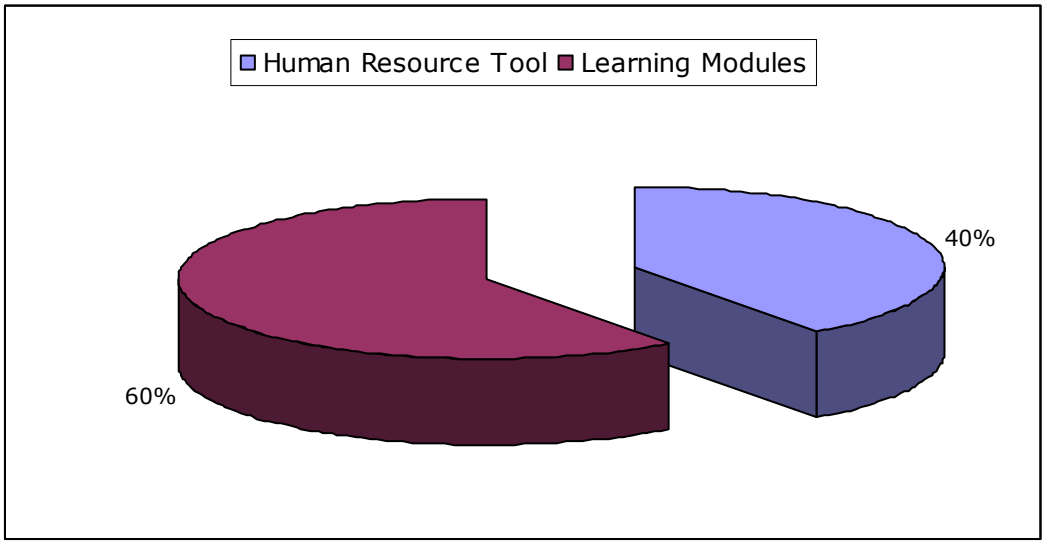


Table 3 The Enablers Used by BOP NGO Focus Group

Enablers	Team Planning Tool	Human Resource Tool	Leaders and Managers Guide	Learning Modules
Number of BOP participants that used the enabler. N = 5	0	2	0	3
% of participants	0%	40%	0%	60%

Common Themes Supporting Implementation and Challenges

1. Themes reported by BOP participants which supported implementation included:
   - Access to learning modules provided by Blueprint training.
   - Useable templates within the Human Resource Tool which were aligned with position descriptions and reviews
   - Engagement of staff in the process of implementation

2. Barriers to implementation reported by BOP participants included:
   - Having to download *Let's get real* resources from the website. For two participants, this was described as a significant issue. Both participants were from a service that had less than 5 FTE's.
   - Difficulties identifying priorities using the current information available especially for a small organisation.

3. Solutions identified by the group include:
   - While Blueprint training was identified as valuable, workshop participants reported inconsistent attendance by staff.
   - An 'quick' reference guide for smaller organisations to identify priorities

Individual DHB Area NGO Implementation: Lakes DHB

The Lakes DHB area covers a land mass of 9570.4m sq, with a population of 103,290 people. Seventeen percent of the total Midland region population reside in the Lakes DHB area (Midland Region Mental Health and Addictions, 2011).

One third of the Lakes DHB area population reside in the Taupo area, with the remaining two thirds of the population residing in the Rotorua area.

The reported ethnic composition of the Lakes DHB area populous is as follows, 3.7% (3850) identify as Asian; 34.1% (35290) identify as Maori; 2.5% (2600) as Pacific and 59.6% (61550) as other. The population has been projected to grow over the period of 2010-2026 by 2.3% (Midland Region Mental Health and Addictions, 2011).

There are approximately 20 NGO providers contracted to deliver a range of mental health and addiction services within the Lakes DHB area.

Lakes NGO Sample – Implementation of *Let's get real*

Figure 5 The Enablers Used by Lakes NGO Sample

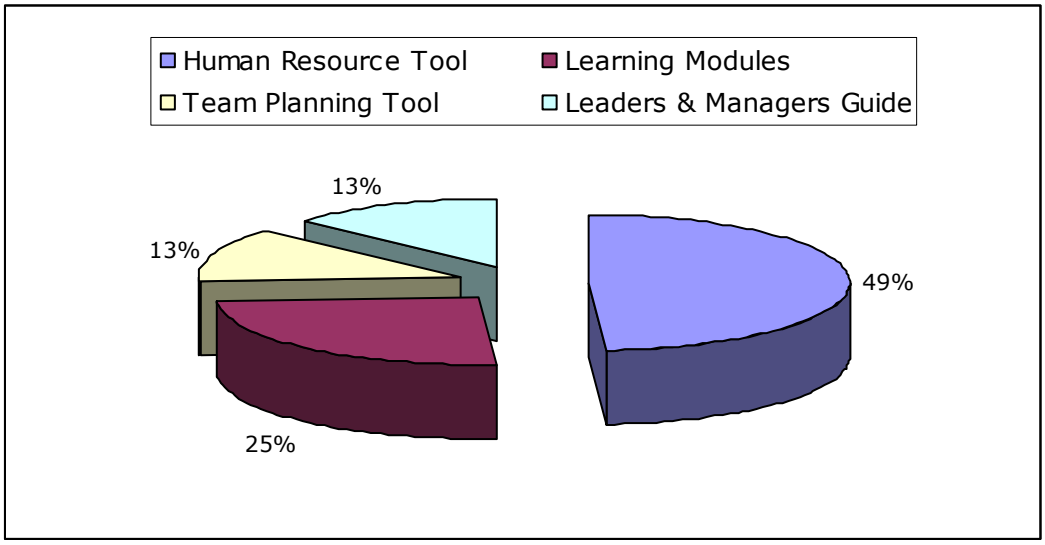


Table 4 The Enablers Used by Lakes NGO Focus Group

Enablers	Team Planning Tool	Human Resource Tool	Leaders and Managers Guide	Learning Modules
Number of Lakes participants that used the enabler. Total participants = 4	1	4	1	2
% of participants	13%	49%	13%	25%

Common Themes Supporting Implementation and Barriers

1. Themes reported by Lakes NGO participants that supported implementation included:
   - Working knowledge of the *Let's get real* framework and how to implement
   - Having a quality manager to support implementation/align Human Resources processes
   - Support of the Governance board through an intensive change management process
   - Access to templates in particular Human Resources Tool and positive outcomes for managers and staff
   - Shift in attitudes and values of staff
   - Sharing resources with another provider (Facilitation of learning modules)

2. Barriers reported by Lakes NGO participants:
   - Staff culture and resistance
   - Competing demands on time for managers/leaders and staff
   - Lack of implementation support
   - Not knowing how other providers are utilising *Let's get real*
   - The size of the document and language

3. Solutions identified by Lakes NGO participants:
   - Using the Team Planning Tool as part of a provider forum in aligning seven real skills in identifying the needs of the Lakes NGO workforce
   - Sharing successful stories and knowledge amongst the providers
   - Workshops for the whole service including , values and attitudes
   - A 'doable' format for report writing of *Let's get real*

Individual DHB Area NGO Implementation: Tairawhiti DHB

The Tairawhiti DHB area covers a land mass of 8355.00m sq with a population of 46,805 people. Fifteen percent of the total Midland region populous resides in the Tairawhiti DHB area (Midland Region Mental Health and Addictions, 2011).

The ethnic composition of the Tairawhiti DHB area, 47.6% (22,280) identify as Maori; 1.7% (790) identify as Asian; 2% (955) as Pacific and 48.7 % (22780) as other. The population has been projected to decrease over the period of 2010-2026 by .3%. The Tairawhiti DHB area has the highest percentage of Maori within the Midland Region (Midland Region Mental Health and Addictions, 2011).

As identified in the Te Tairawhiti Health Needs Assessment (www.tdh.org.nz) the four health priorities were:

- Reduce the rate and effects of heart disease and stroke
- Reduce the rate and effects of diabetes
- Reduce the rate and effects of cancer
- Reduce the rate and effects of severe mental health and addictions

There are 5 NGO providers contracted to deliver a range of mental health and addiction services within the Tairawhiti DHB area.

The feedback is reported in Appendix 2.

Individual DHB Area NGO Implementation: Taranaki DHB

The Taranaki DHB area covers a land mass of 7944.6m sq with a population size of 109,530 people. Fourteen percent of the total Midland region populous resides in the Taranaki DHB area (Midland Region Mental Health and Addictions, 2011).

The ethnic composition of the Taranaki DHB area, 16.8% (18450) identify as Maori; 2.6% (2860) identify as Asian; 1 % (1090) as Pacific and 79.5% (87130) as other. The population has been projected to increase by .4% over the period of 2010-2026 (Midland Region Mental Health and Addictions, 2011).

There are approximately 12 NGO providers contracted to deliver a range of mental health and addiction services within the Taranaki DHB area.

Taranaki NGO sample - *Let's get real* Implementation

Figure 6 The Enablers Used by Taranaki NGO Sample

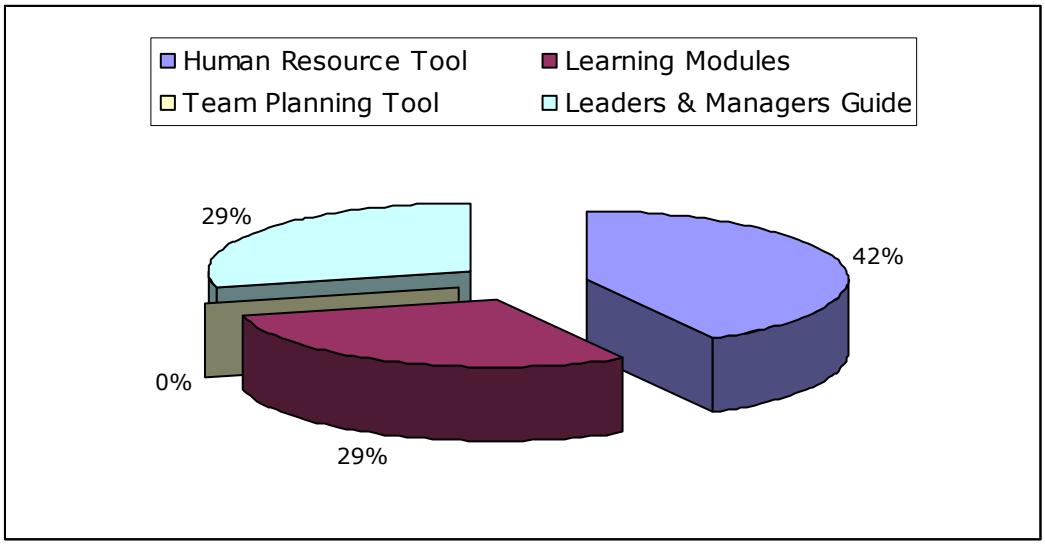


Table 5 The Enablers Used by Taranaki NGO Focus Group

Enablers	Team Planning Tool	Human Resource Tool	Leaders and Managers Guide	Learning Modules
Number of Taranaki participants that used the enabler. N = 4	2	3	0	2
% of participants	29%	42%	0%	29%

Common Themes Supporting Implementation and Barriers

1. Themes reported by Taranaki NGOs that supported implementation:
   - Alignment of Human Resource tool and Team Planning tool alongside organisational processes
   - Staff support of the 7 Real Skills learning modules and used as part of individual reviews

2. Barriers reported by Taranaki NGOs:
   - Size of document and difficulties for smaller NGOs to implement due to demands on time and capacity
   - National organisations central offices leading implementation
   - Prioritising initiatives and the perceived 'silo' of projects

3. Solutions identified by Taranaki NGOs:
   - More workshops on working with whanau, service development and leadership, evaluation tools, values and attitudes for staff
   - Tui Ora potentially coordinating workforce activities
   - Linkage of *Let's get real* to business, local and regional plans
   - Quarterly contact with workforce coordinator

Individual DHB Area NGO Implementation: Waikato DHB

The Waikato DHB area covers a land mass of 21,218.8m sq with a population of 364,790 people. Thirty seven percent of the total Midland region populous resides in the Waikato DHB area (Midland Region Mental Health and Addictions, 2011).

The ethnic composition of the Waikato DHB area, 21.6 % (78640) identify as Maori; 6.1 % (22,510) identify as Asian; 2.5 % (8940) as Pacific and 69.8% (254,700) as other. The population has been projected to increase by 10.2% over the period of 2010-2026 (Midland Region Mental Health and Addictions, 2011).

The Waikato DHB area has a larger proportion of people living in high deprivation areas than in low deprivation areas. Ruapehu, Waitomo and South Waikato territorial local authorities have the highest proportion of people living in high deprivation areas. The population is getting proportionately older, with the 65 plus age group is projected to increase by more than 78 per cent by 2026. (www.waikatodhb.govt.nz).

There are approximately 33 NGO providers contracted to deliver a range of mental health and addiction services within the Waikato DHB area.

Waikato NGO focus group – *Let's get real* Implementation

Figure 7 The Enablers Used by Waikato NGO

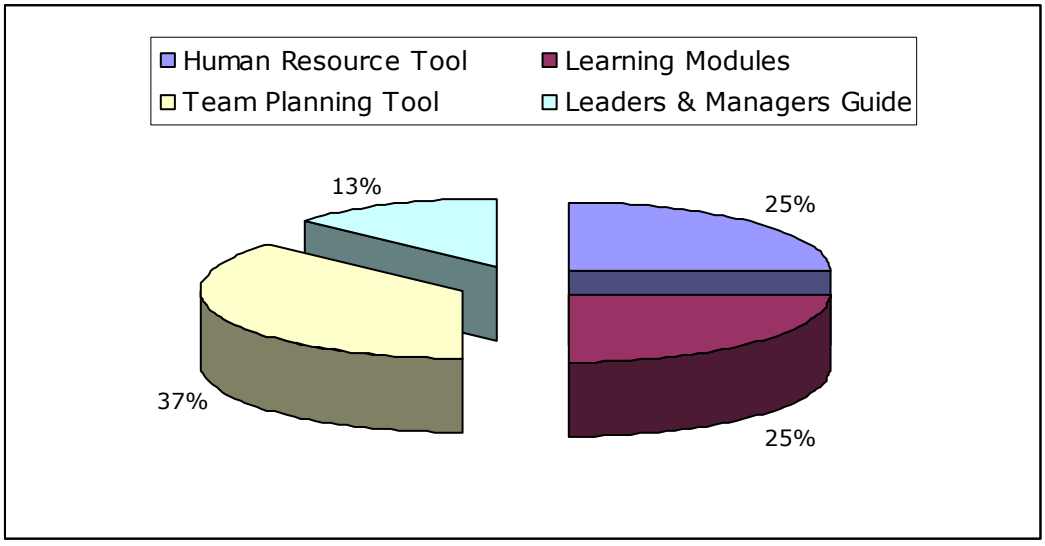


Table 6 The Enablers Used by Waikato NGO Focus Group

Enablers	Team Planning Tool	Human Resource Tool	Leaders and Managers Guide	Learning Modules
Number of Waikato participants that used the enabler. N = 5	3	2	1	2
% of participants	37%	25%	13%	25%

Common Themes Supporting Implementation and Barriers

1. Themes reported by Waikato supporting implementation:
   - Full support by Governance board and shared vision to implement
   - Full team support – CE and organisation service leaders to lead implementation
   - Easily accessible templates to aid implementation
   - Size of organisation (i.e. Regional service) supported in managing standardised processes.
   - Successful use of the enablers and outcomes

2. Barriers reported by Waikato NGOs:
   - National organisations would need to lead implementation at head office to introduce *Let's get real* through recruitment and orientation processes. For those organisations, locally, they would utilise training available for their staff either through using the learning modules or regional training, that aligned with *Let's get real.*
   - For smaller organisations (less than 5fte), the size of the framework and identifying what to implement and how was identified as a barrier.

3. Solutions reported by Waikato NGOs:
   - Being able to utilise localised networks to share how and what NGOs have implemented
   - Being able to share/access internal training (such as learning modules, working with whanau families, Maori responsiveness) of other NGOs to minimise duplication, especially for smaller NGOs.
   - More specific workshops on interagency collaboration and governance processes (taking into account whanau ora and other contracts that require either an across sector approach or across mental health and addiction services).
   - Use of quality coordinators with clinical team representatives to support implementation.