



# **Training needs analysis for the consumer, peer support and lived experience workforce**

September 2022

## Ngā mihi, acknowledgements

We sincerely thank the many people who have contributed to this training needs analysis.

To the 118 people from across Aotearoa New Zealand who engaged in this project through our survey, focus groups and interviews; we thank you for your time, insights, and generosity in sharing your experiences.

To Kahurangi Fergusson-Tibble, who provided guidance and co-facilitated our Māori focus group, ngā mihi.

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Published report in September 2022 by Te Pou.

Te Pou is a national centre of evidence-informed workforce development for the mental health, addiction, and disability sectors in New Zealand.

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ISBN 978-1-99-116921-1

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Recommended citation:

Te Pou. (2022). *Training needs analysis for the consumer, peer support and lived experience workforce*. Te Pou.

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## Glossary

**Competencies** for the consumer, peer support and lived experience (CPSLE) workforce are the qualities, skills and values needed to fulfil CPSLE jobs.

**Consumer advisors** use peer values and recovery principles to advise organisations. They advocate that the experiences of people with mental health challenges and/or addiction should influence every part of the organisation.

**Lived experience** refers to challenging life experiences that a person has learnt and grown from. In this document this includes experiences of mental health challenges and addiction, accessing services, and achieving recovery, resilience, and wellbeing

**Peer support workers** work with people who experience mental health challenges and addiction to help restore their hope and personal power. In this document, peer support worker describes a number of roles including peer navigator, peer recovery coach, peer recovery guide, peer mentor, voice worker or peer support specialist.

**Supervisors** for the CPSLE workforce provide coaching, mentoring or supervision to peers, clinicians, and others.

**Training needs analysis** reviews the training needs of a group of people and identifies opportunities for future training and development.





# Executive Summary

## Background

Te Pou commissioned this training needs analysis (TNA) to better understand the training strengths and needs of the consumer, peer support and lived experience (CPSLE) workforce in Aotearoa New Zealand.

This TNA is based on the CPSLE competencies (the competencies) outlined in *Competencies for the Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce* (Te Pou, 2021a). The competencies outline the values, skills and qualities needed to successfully work within the CPSLE workforce at all levels and were developed through wide sector consultation. The competencies were used to guide the scope and approach of this TNA.

There are seven core competencies.

1. Applying lived experience.
2. Resilience, recovery and wellbeing.
3. Continuous learning and professional development.
4. Communicating effectively.
5. Working with family, whānau and community.
6. Working within teams and systems.
7. Using a human rights approach.

There are additional competencies specifically for peer support workers and consumer advisors. A further explanation of all competencies is included in Appendix A.

This TNA is intended to support the implementation of the *The CPSLE Workforce Development Action Plan 2020-2025* (the Action Plan; Te Pou, 2021b). The plan has two actions relevant to training, professional development, and qualifications:

- develop training and professional development activities to upskill the CPSLE workforce (Action 3.5)
- support the development of career pathways, accessible training and qualifications that meet the needs of the CPSLE workforce (Action 3.7).

## Aims and objectives

This TNA aims to progress actions 3.5 and 3.7 (above) of the plan and enhance collaboration with the CPSLE workforce through engagement in the delivery of a workforce development project. Specific objectives in relation to CPSLE competencies are outlined below:



- describe the training needs of the CPSLE workforce
- describe the training currently available to the CPSLE workforce to apply the CPSLE competencies
- identify the gaps in the current training provision for the CPSLE workforce.

## Method

We engaged with the CPSLE workforce in three ways: an online survey, focus groups, and individual interviews. At each stage we considered what had been learnt, tested it, then filled gaps in our understanding. We engaged with 118 people in total.

## Findings

The survey received 89 responses (67 percent CPSLE staff members, 15 percent managers/employers, and 18 percent both). Around half (51 percent) were peer support workers and the rest worked in a wide range of other CPSLE roles.

Survey respondents were asked how well they carried out each of the competencies, and to identify any training that they had completed relevant to each competency. The majority of respondents had received training relevant to the application of lived experience competency. However, for the remaining six core competencies, most respondents had not attended any relevant training. For the three specific competencies for consumer advisors, over 80 percent of respondents had not received any relevant training.

Following the survey, five focus groups were held (two for staff members, two for managers/employers, and one Māori focus group). Groups focused on the strengths and gaps in the current training options, future opportunities, and training barriers. Individual interviews were then conducted to gain further insight into the issues identified in the surveys and focus groups. Key findings discussed further below relate to learning and development, organisational development and infrastructure.

## Learning and development

Training resources developed in Aotearoa New Zealand are needed, and Māori cultural content is particularly important.

There are training gaps for the core CPSLE competencies, including, working with teams and systems, working with family and whānau, and using a human rights approach. Entry-level training is required across the range of CPSLE roles. Many people receive no foundational training and “learn on the job”. There is a lack of training available for consumer advisors and for people moving into line management roles.

Specific training gaps around key skills and knowledge were identified including CPSLE addiction training, supervision, peer coaching, and group facilitation. There is also a need for more training related to supporting specific population groups including rangatahi/youth, Māori, Pasifika, rainbow, disabled people and former refugees.

Training for non-peer workers, especially health professionals, about peer values, roles and culture could help them better understand peer values and the value of lived experience.

## **Organisational development**

Organisations need to have an adequate infrastructure and appropriate culture to support training. Findings indicate that some organisations do not provide adequate training and support to CPSLE staff, and this can cause significant and preventable harm including isolation, high stress, anxiety and burnout.

How training is delivered matters - not just the content. Training for the CPSLE workforce is best developed and delivered by people with lived experience, and a mentoring or tuakana-teina approach is particularly helpful for some people.

## **Infrastructure**

Accessibility of training was identified as an issue. While there are some excellent examples of training, some is difficult to access. Current training happens in pockets with some resources only available to a few, and some duplication of training resources. There are a range of barriers to training, including a lack of information about what training options are available.

## **Discussion**

Throughout our engagement, we heard of people being thrown in the deep end; and/or left to learn on the job in challenging new roles, often without adequate support or guidance. We heard of the significant and preventable harm that this has caused. Our next steps will inform actions to build and support the workforce, providing clear direction on what is needed to address training gaps.

## **Next steps**

- Develop a directory of CPSLE training resources.
- Co-create training with the CPSLE workforce to strengthen people's skills and knowledge. Training needs to support people to perform the competencies, at all levels.
- Develop specific training for consumer advisors, managers/leaders, and CPSLE supervisors.
- Develop foundation training for those entering the CPSLE workforce, in all roles, and make it available nationally.
- Improve the accessibility of training, especially by removing geographic eligibility criteria.
- Promote collaboration and networking to optimise training resources.
- Develop a formal mentoring network to support peers and reduce isolation.

These next steps need to be addressed to ensure the CPSLE workforce have the tools they need to flourish and develop meaningful careers. The 'next steps' will be developed into recommendations with identified line of accountability and will be actioned as part of the implementation of the CPSLE Action Plan. Implementation will occur in partnership with the wider mental health and addiction and training sectors.

## Background

The CPSLE workforce is set to grow over the coming years. Growing this workforce is a long-standing Ministry of Health priority (Ministry of Health, 2012, 2016, 2018; Te Pou, 2020). Developing the CPSLE workforce has been shown to benefit everyone in services, not just the people who access these (Te Pou, 2020). However, there is little information on the CPSLE workforce and their needs. Te Pou has led the development of three important pieces of work to support this workforce into the future.

1. The *CPSLE Mental Health and Addiction Workforce Development Strategy 2020-2025* (Te Pou, 2020).
2. The *CPSLE Workforce Development Action Plan 2020-2025* (Te Pou, 2021b).
3. The *Competencies for the CPSLE workforce* (Te Pou, 2021a).

The Action Plan includes two actions relating to training, professional development, and qualifications. These are:

- develop training and professional development activities to upskill the CPSLE workforce (Action 3.5)
- support the development of career pathways, accessible training and qualifications that meet the needs of the CPSLE workforce (Action 3.7).

The CPSLE workforce has experienced the power imbalance of decisions about their roles and services being made by others. This project is led by people with lived experience of mental health challenges and addiction (peers) and provides an opportunity for people to have a real voice in the development of their future workforce.

## Aims and objectives

This TNA aims to progress actions 3.5 and 3.7 of the CPSLE Action Plan (above) and enhance collaboration with the CPSLE workforce through engagement in the delivery of a workforce development project. Specific objectives in relation to CPSLE competencies are outlined below.

- Describe the training needs of the CPSLE workforce.
- Describe the training currently available to the CPSLE workforce to apply the CPSLE competencies.
- Identify the gaps in the current training provision for the CPSLE workforce.

## Method

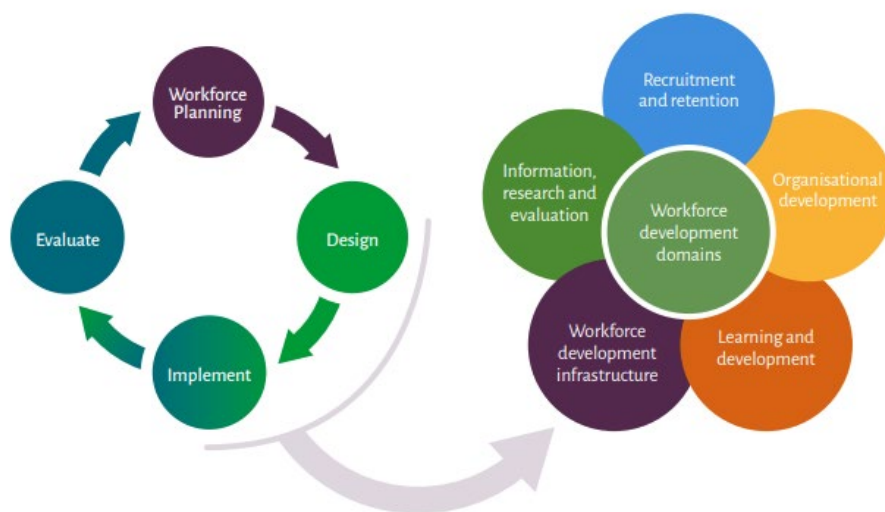
As there is no formally agreed upon method for carrying out a TNA, a mixed methods approach was taken.

The methodology was developed in a cyclic way with regular meetings and reviews throughout the process. Lived experience leadership was provided by a contractor, the project lead, and the Te Pou lived experience team.

The TNA took a strengths-based approach to reflect the values of the CPSLE workforce outlined in the competencies. People were encouraged to provide information on both the strengths of the workforce and areas that need improving.

The project was informed by the Getting it Right approach, as outlined by Te Pou (2017) (2017) in *Training Your Workforce: Getting the most out of training and development*. Getting it Right outlines key domains for workforce development. These are recruitment and retention, organisational development, learning and development, workforce development infrastructure and information, research and evaluation (see Figure 1 below).

Figure 1. Workforce planning and development framework (Te Pou, 2017)



## Training needs analysis steps

The TNA methodology followed four steps, described below.

### Step 1: Identify required capabilities, skills, learning and knowledge

The competencies previously outlined in *Competencies for the Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce* (Te Pou, 2021a) were used to guide the TNA. The competencies outline the values skills and qualities needed to successfully work within the CPSLE workforce at all levels.

## Step 2: Engage with the workforce

The CPSLE workforce was engaged throughout the project through three iterative approaches.

1. Online questionnaire conducted in February 2022.
2. Five focus groups in March 2022.
3. Ten interviews with key stakeholders in March and April 2022.

Initial themes from the survey were tested in the focus groups. Focus group learnings were explored and concepts were further refined in interviews.

### *Survey*

An online survey was developed using SurveyMonkey and promoted to the CPSLE workforce using the Te Pou e-bulletin and distributed through CPSLE email networks. Recipients were encouraged to forward the survey on to their own CPSLE networks and colleagues, creating a 'snowballing' approach to distribution.

The survey included two sets of questions, one for CPSLE staff members, and one for CPSLE managers and employers. Participants who were both staff members and managers/employers were invited to answer both sets.

People were asked to rate how well they (or their employees) carried out each competency on a 5-point Likert scale, with 1 being not well at all and 5 being very well. People were also asked if they (or their employees) had received any relevant training in relation to each competency, what competencies they felt they (or their employees) most needed training in, and if there were any barriers to them (or their employees) accessing that training.

### *Focus groups*

At the end of the survey, respondents were asked if they were interested in participating in a focus group. Focus group attendees were contacted from the list generated through the survey, as well as through existing contacts within the CPSLE workforce. Five semi-structured focus groups were held. Two were for employees, two were for managers/employers, and one was for both employees and managers/employers who identified as Māori. People were invited to discuss the following questions.

- What are the strengths in the training options we already have?
- What are the gaps in our current training?
- What are the opportunities for future training? What training does the workforce need to meet the CPSLE competencies?
- What formats of training do you think the CPSLE workforce needs?
- What are the barriers to training for the CPSLE workforce?
- What do you believe is important to understand about training the CPSLE workforce?

When developing the methodology, consideration was given to how the engagement could reflect the peer values described in the competencies. The need to allow sufficient time for engagement and the importance of acknowledging the educational value of lived experience was recognised. Advice was sought from an experienced lived experience facilitator about how to best engage with people. Consideration was also given to balancing structure and the need to gather information, with making enough space for mutual conversations and participation.

### *Interviews*

Following the focus groups, individual discussions were held with 10 people. A diverse range of people were interviewed. Their roles are listed in Appendix B. The interviews were semi-structured to gain a better understanding of people's experiences with training and development related to their work and the CPSLE competencies.

### **Step 3: Search for information**

Internet searches were carried out using Google to identify training available to the CPSLE workforce, and training courses identified through the survey.

Search terms are included below.

- Peer support AND training AND New Zealand
- Lived experience AND training AND New Zealand
- Consumer advisor AND training AND New Zealand
- Peer AND training AND New Zealand
- Recovery AND training AND New Zealand
- Human Rights AND training AND New Zealand

The inclusion and exclusion criteria for training are presented in Table 1.



Table 1. Inclusion and exclusion criteria for training stocktake

Included	Excluded
All types of training. For example mental health and addiction, wider health, cultural training	Training that doesn't link to the CPSLE competencies
NZQA-approved training (all levels)	Inhouse internal organisational training, not open to everyone
Non-NZQA approved training	
Publicly available training	
Training that is free	
Training that charges fees	
All modes of training delivery (online, face-to-face, mixed)	

#### Step 4: Analyse data

Survey responses were analysed using Microsoft Excel using all available data. Analyses included valid responses only. Surveys with incomplete or missing answers to specific questions were excluded.

Thematic analysis was carried out to identify overarching themes from the focus groups and interviews. Results from both the focus group and the interviews are presented together.

## Findings

This section presents results from the survey, focus groups and interviews. We describe the TNA participants, and then consider the current state of training and training needs, particularly in relation to the core competencies and the specific competencies for peer support workers and consumer advisors. We then consider strengths and opportunities across the workforce development domains of learning and development, organisational development, and infrastructure. Lastly, we review future training needs and barriers to attending training.

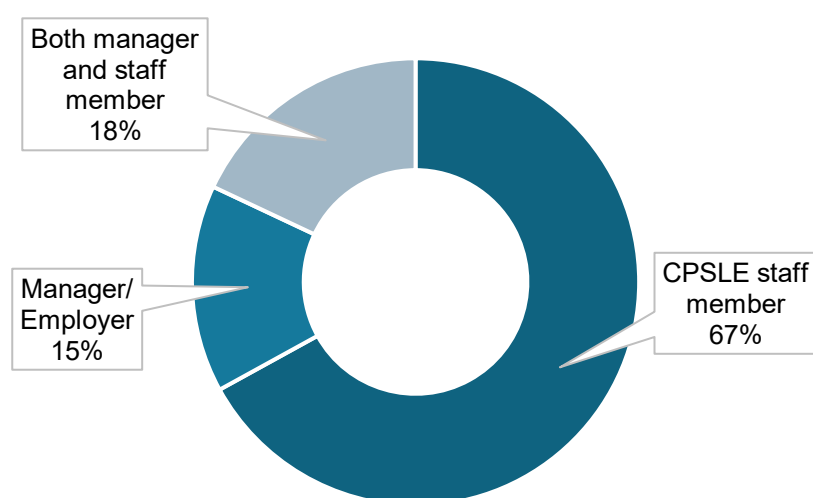
## Participants

### Survey respondents

Eighty-nine people responded to the survey. Respondents were spread across the country, with strong representation from Canterbury, Southern, and Counties Manukau DHB areas; see Appendix C.

Figure 2 shows that two-thirds (67 percent) of respondents were CPSLE staff members, 15 percent were managers/employers, and 18 percent were both.

Figure 2. Survey respondent's role (89 respondents)

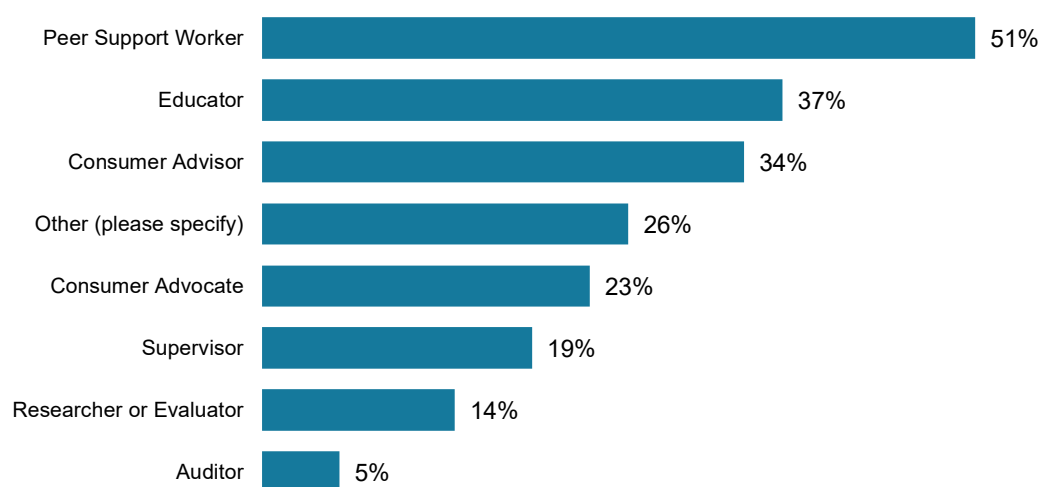


Almost one third (31 percent) of survey respondents had been in their current position for more than 5 years. Half (49 percent) had been in their role for 1 to 5 years, and 19 percent for less than one year. The survey only asked about people's current position, not about previous roles held.

Around half (51 percent) of survey respondents were peer support workers, and just over one third (34 percent) were consumer advisors. While 37 percent identified as an educator,

there may be some ambiguity with this role title given the proportion of people employed in these roles is expected to be lower.

Figure 3. Job role (73 survey respondents)



*Note.* Proportions will add up to more than 100 percent as people can select more than one category.

## Focus groups and interviews

Nineteen people participated in the focus groups and 10 people in interviews. Two people participated in both an interview and a focus group. Participants were from a range of organisations including mental health and addiction providers, a needle exchange programme, Ara Poutama (formerly Department of Corrections), and self-employed contractors.

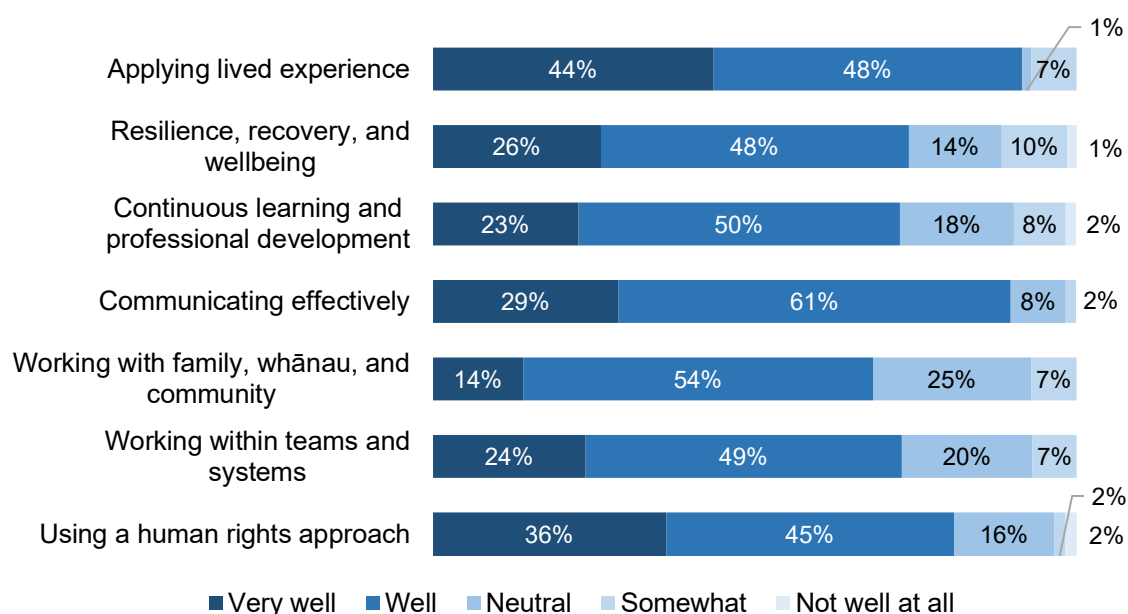
Of these, approximately half were CPSLE staff and half were managers/employers; see Appendix C.

## What the current workforce looks like

### Applying core competencies

Staff completing the survey were asked to provide details of the training they have done. Managers were also asked to identify training courses that their staff had completed. This information was collated for the training stocktake (Te Pou, 2022).

Survey respondents were asked how well they carried out each competency. The intent of this question was not to assess the performance of CPSLE staff but to encourage reflection on the competencies, and to help identify what is needed to support the implementation of the competencies. Figure 4 shows that overall respondents felt like they were carrying out competencies to a high level, with most people reporting that they carried out competencies either well or very well. Employees rated working with family, whānau and community the lowest (68 percent). Figure 4. Staff self-reflection on carrying out core competencies



Managers were asked how well they felt their employees carried out each competency. Table 2 shows that the top four highest-rated competencies aligned with those reported by employees. The lowest-rated competency was working within teams and systems the lowest (35 percent). This differed from employees.

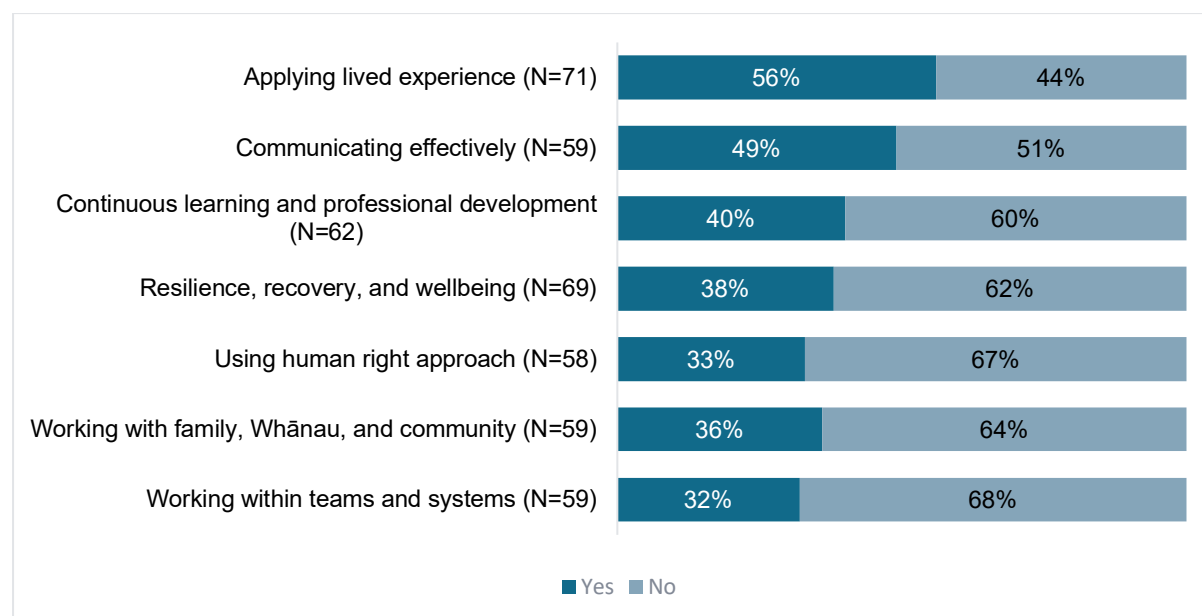
Table 2. Managers' and employees' views of how well core competencies are carried out

Competency	Employee rating		Manager rating	
	Number of responses	%	Number of responses	%
Applying lived experience	63	92%	19	87%
Communicating effectively	53	90%	14	78%
Using a human rights approach	47	81%	12	75%
Resilience, recovery and wellbeing	51	74%	12	58%
Continuous learning and professional development	45	73%	10	50%
Working with family, whānau and community	39	68%	9	50%
Working within teams and systems	43	73%	6	35%

Note. Ratings of well and very well were combined.

Staff were asked if they had attended any training related to each of the core competencies. Figure 5 shows that over half (56 percent) had attended training relevant to applying lived experience. For all other competencies, a large proportion of respondents (51 percent to 68 percent) had not attended any relevant training.

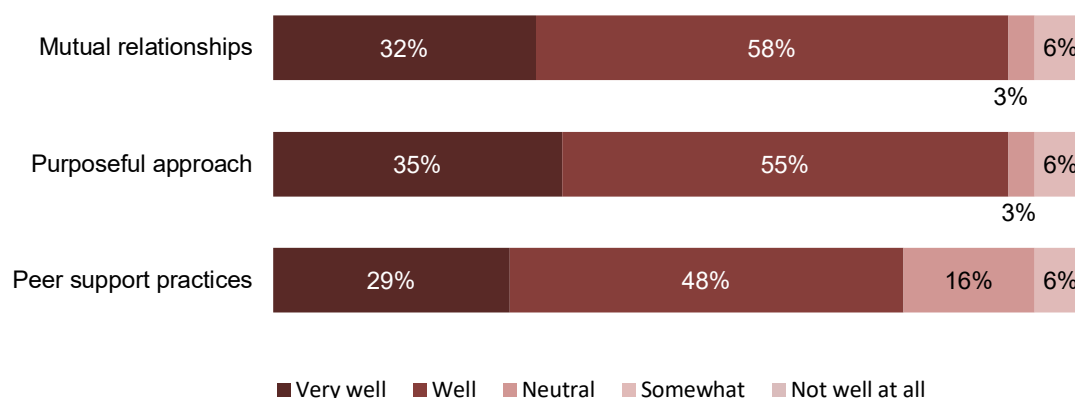
Figure 5. Staff attendance at training relevant to each core competency



## Peer support worker competencies

Respondents who indicated they were peer support workers were asked about how well they carried out the three competencies specific to peer support workers (mutual relationships, purposeful approach, and peer support practices). Ninety percent of peer support workers said they carried out the mutual relationships and purposeful approach competencies well or very well. Figure 6 shows that peer support practices were rated lower with over three quarters (77 percent) saying they carried out this competency well or very well.

Figure 6. Peer support workers' reflections on how well they carried out peer support worker competencies (31 respondents)



When managers were asked how well their employees carried out peer support worker competencies, for mutual relationships, and purposeful approach, 75 percent said they carried them out well or very well. Figure 7 shows that managers rated peer support practices lower, at a similar level to peer support workers.

Figure 7. Manager's reflections on how well staff carry out peer support competencies (12 respondents)

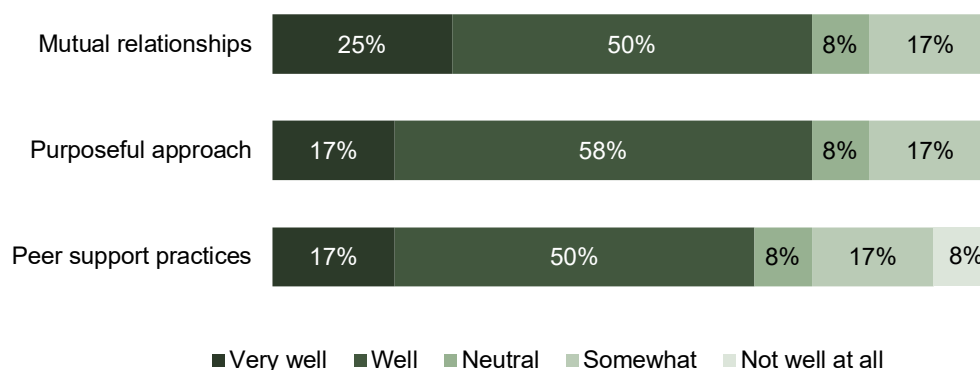
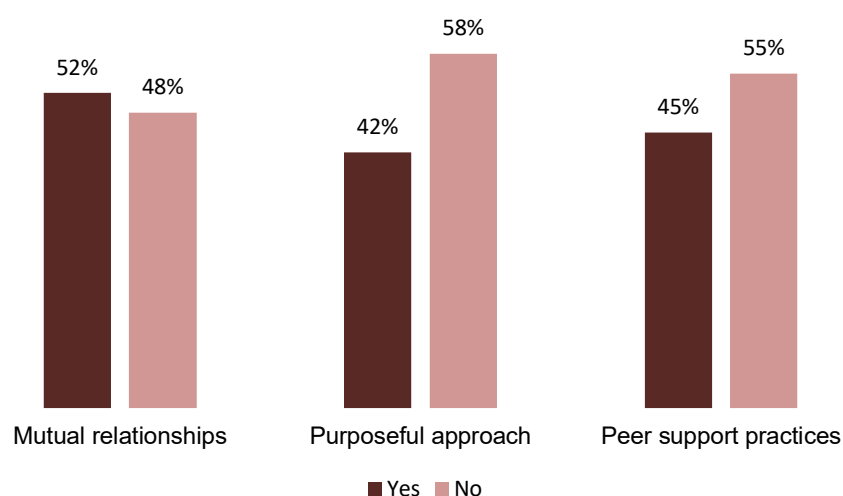


Figure 8 indicates about half of peer support workers have received training relevant to the mutual relationships' competency. Training among peer support workers in competencies related to purposeful approach (42 percent) and peer support practices (45 percent) was lower.

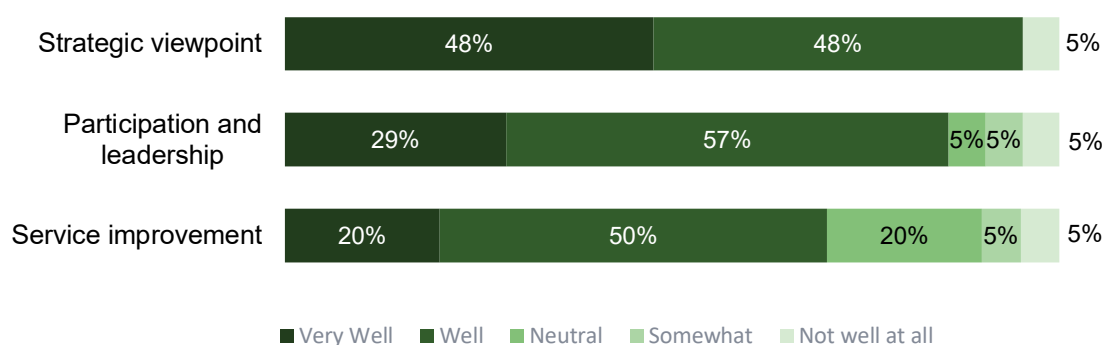
Figure 8. Peer support worker attendance at training relevant to the peer support worker competencies (31 respondents)



## Consumer advisor competencies

Respondents who indicated they were consumer advisors were asked about how well they carried out the three competencies specific to consumer advisors; strategic viewpoint, participation and leadership, and service improvement. Most (96 percent) consumer advisors felt they carried out the strategic viewpoint competency well or very well, see Figure 9. The lowest rated competency was service improvements with about one third (30 percent) of consumer advisors saying they did not carry out this competency well (including those who respondent neutral, somewhat or not well at all).

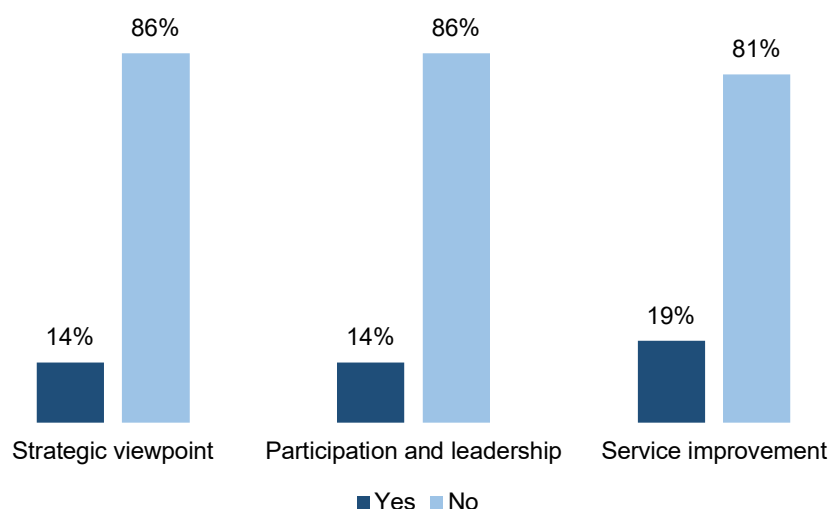
Figure 9. Reflections of consumer advisors on how well they carry out relevant competencies (21 respondents)



Consumer advisors reported very low levels of training (14 to 19 percent) relevant to the consumer advisor competencies, see Figure 10.



Figure 10. Consumer advisors' attendance at training for relevant competencies



Only three managers responded to questions relevant to consumer advisors, so this information has not been included.

## Strengths and opportunities of CPSLE training

This section considers the training strengths and opportunities available to the workforce to meet the competencies at all levels, and to perform specific CPSLE roles. The training needed to support the CPSLE workforce to perform key skills, and to support specific population groups, is also discussed. So too is the infrastructure and organisational development required to support the training opportunities identified.

### Learning and development competencies training

Participants indicated that training that adheres to peer values is very important. The competencies were identified as a useful framework for training, and as a tool to ensure the training is relevant for CPSLE roles. Training is needed that supports and reflects the competencies. Based on participants' experience, there is currently no available training that introduces all the competencies and how to apply them in the CPSLE work setting.

Gaps were identified from the survey, focus groups and interviews. These cross multiple competencies (such as, applying lived experience, resilience, recovery and wellbeing, continuous learning and professional development, communicating effectively). Some of the gaps relate to specific core competencies and are discussed further below, including working with teams and systems, working with family and whānau, and using a human rights approach.

## *Working with teams and systems*

Working with teams and systems is a current training gap. One organisation shared how they are developing their own training “out of frustration”. People spoke of the need to understand national policy and legal documents to do their job well. They often navigate learning about the health and legal systems in New Zealand on their own.

## *Working with family, whānau, and community*

People want to be more prepared for conversations with family, and to work with whānau supporters. The Te Pou online Real Skills training for working with whānau was identified as a useful resource (Te Pou & Ministry of Health, 2021). Other organisations have developed their own training due to gaps in this area. One whānau worker had developed her own training package due to the lack of training resources for her specific area of working with whānau.

## *Using human rights approach*

Many people said that training on advocacy and human rights approaches is needed.

## *Essential level training: Entering the CPSLE workforce*

There is a lack of information and training resources about CPSLE career pathways and how to progress through training and work opportunities to develop a meaningful career within the CPSLE workforce.

For the peer support workforce, there is reasonable availability of training to enter the workforce such as Intentional Peer Support, Peer Employment Training, the Buddies programme and Odyssey’s micro-credential training. However, for people who do not wish to become peer support workers, the pathway into the CPSLE workforce is unclear.

There is a lack of training to support people into the CPSLE workforce if they are not currently employed or making a career change. Many people talked about receiving no training when they started their jobs, and “learning on the job.” Some shared the significant stress this had caused them. It was identified that insufficient training leads to personal stress and lost productivity. It may also lead to a lack of role clarity.

“Being thrown in the deep end.” (focus group participant)

Participants reflected that entry level/foundational training ideally needs to be in person (to build connection) and include content on “how we look after ourselves”. A positive example includes the Citizenship Project, which bridges people into the workforce, includes work skills, and promotes self-compassion. It aids both preparation for the workforce and is a recovery tool for participants.

“The Citizenship Project in Aotearoa is a programme of education and support that enables students with experiences of marginalisation to build their skills, understanding, and ability to take up a true sense of citizenship and to increase their

belonging in society. The programme includes a valued role project which supports students of the programme to prepare for any future roles they believe would offer them opportunities to create an increased sense of belonging, meaning and purpose through, for example, employment, volunteering, community activities or whānau roles and relationships.” (Mind and Body, Citizen Project provider)

### ***Enhanced level training: Becoming an advanced peer support worker***

Advanced peer support training needs to provide people with the skills and tools to continue in peer support as a career and build on concepts introduced in entry-level training such as Intentional Peer Support training, or Peer Employment Training.

“Peer support worker training happens before a peer support worker starts work, or early in their work. What happens after?” (focus group participant)

### ***Leader level training: Becoming a CPSLE manager or leader***

A lack of training for people moving into line management roles was identified. It was said that such training needs to:

- value what we uniquely bring
- consider the context of peer support services
- assist to navigate relationships as a peer who is now a manager
- include how to performance manage staff
- include leadership training and a leadership pathway.

“We need to build staff into leadership – line management 101. A good peer support worker isn’t necessarily a good line manager.” (focus group participant)

One young leader spoke of the need for training and pathways for emerging leaders. They spoke of not having the connections to have dialogue with leaders at the regional and national level, and there being no clear pathway for them to progress.

People identified a clear need for supervision and mentorship for those in management and leadership roles.

#### **Key points**

- It is important that training adheres to the peer values.
- The competencies are a useful tool to ensure that training is relevant to the CPSLE workforce.
- Gaps in training cross multiple competencies.
- There are specific gaps relating to working with teams and systems, working with family and whānau, and using a human rights approach.
- There is a lack of information and resources about CPSLE career pathways.

## Training for specific CPSLE roles

### *Consumer advisors*

The lack of consumer advisor training was a strong theme raised across multiple focus groups and interviews.

“[I] tautoko the comments re training for consumer advisors - I supervise several ... and we are doing harm to the individuals in these roles [by not providing training]”  
(focus group participant)

The dearth of relevant training has led to a lack of role clarity and understanding. It was suggested that consumer advisor training should focus on understanding the consumer advisor role and how it differs from advocacy work and peer support. Specific skills such as writing reports, public speaking, understanding data and negotiation could be covered. Participating in meetings was identified as a focus area, including learning what information is relevant at meetings. Working with systems, including understanding organisational politics, was another focus area. Participants talked of the need to learn how to “stay in your lane” and focus on “fighting the good fight” rather than being concerned with being accepted and liked. Any training should align with the competencies and include Te Tiriti o Waitangi.

Some participants spoke of the value of mentoring for consumer advisor roles, and of the learning they gained when experienced colleagues shared their experience with them. Others spoke of their desire for this type of support.

“There are quite sophisticated interpersonal skills in being able to advocate successfully for the peer position within certain power structures and using conflict to be a positive disruptor. I would love personally to have the peer support and training from colleagues in this space to talk about how to do this powerfully and effectively.”  
(survey respondent)

### *Consumer educators and researchers*

A consumer educator reflected on the lack of training for their role.

“There is no training for consumer educators and researchers. Educators need to learn how to work with people who sometimes have opposing values. How to build understanding and get agreement of core values. How do you change mindsets? Where does the power lie?” (interview participant)

### **Key points**

- The marked lack of consumer advisor training.
- Lack of training options and access is causing harm to workers.
- Mentoring could be a useful tool for people in consumer advisor roles.
- There is no training for consumer educators and researchers.

## **Training for working with Māori and marginalised communities**

### ***Māori cultural competency***

Participants reinforced the importance of Te Tiriti o Waitangi training, and the need for New Zealand-based and developed content, that ensures Māori cultural competence. One organisation has partnered with iwi to develop a bicultural peer support training resource.

Three participants shared positive experiences of cultural training focusing on te ao Māori, Te Tiriti o Waitangi, and te reo Māori. One person described her positive experience of te reo training.

“A positive experience of te reo training helped my team develop wider cultural competence and confidence.” (interview participant)

### ***Specific population groups***

Training to better support specific population groups was identified as a gap, particularly for working with rangatahi/youth, Māori, Pasifika, rainbow, disabled people, and former refugees. Specific training resources for working with these groups need to be developed, in partnership with each relevant group.

Consideration should be given to whether training is needed specifically for CPSLE workers in these areas, or whether training developed for the wider mental health and addiction workforce is appropriate and sufficient.

### **Key points**

- New Zealand-based training content is needed to ensure Māori cultural competence, and relevance to the New Zealand context.
- There needs to be more training to better support: rangatahi/youth, Māori, Pasifika, rainbow, disabled people and former refugees.

## Training for key skills

A general lack of addiction training for CPSLE workers was observed, and a particular need for training around harm minimisation training strategies. Participants from an addiction service reported that the NZQA Level 4 Health and Wellbeing Certificate is not a good fit for a harm reduction service.

Training from two services was identified as a strength, but otherwise peer coaching was seen as a training gap.

Difficulty finding supervisors, and supervision training, was a strong theme in focus groups and interviews. The existing supervision training (Te Pou, 2022) is not specifically for peer supervisor roles and may not be completely relevant for the CPSLE workforce. There was strong support for the need for more supervision training, and it was noted that developing supervision skills had broad benefits for workers.

“People gain more confidence when they teach others.” (interview participant)

The need for cultural supervision was raised in the Māori focus group, who discussed the importance of choosing a supervisor rather than being assigned someone.

Facilitation skills (including group facilitation skills), the ability to coordinate a group and deliver content, as well as hold space, was identified as a gap. Some spoke of specific training options that are currently available, such as WRAP (wellness recovery action plan) groups that develop facilitation skills in participants and facilitators.

“There are gaps around the practical skills of CPSLE work. Like how to run a group.”  
(focus group participant)

Some additional training gaps were mentioned by individual participants. These are included as Appendix D.

### Key points

There are gaps in training for:

- addiction training
- peer coaching
- peer supervision training
- cultural supervision
- facilitation skills.

## Future training needs

Having identified training strengths and opportunities, participants were asked to identify future training needs.

Staff were asked to assess how important it was to have more training in each competency on a 7-point scale ranging from 1 being most important to 7 least important. The responses were then used to calculate an overall score for each competency. Table 3 shows that continuous learning and professional development was the area where people felt they most needed more training.<sup>1</sup> The competency where staff felt it was least important to get more training was applying lived experience. This was the competency they had rated themselves as carrying out the best. Managers ratings of areas they felt their employees most needed training in were similar.

Table 3. Training need areas according to CPSLE staff members (53 respondents)

What areas do you feel you need more training in?								
Competency	Most important				Least important			Mean answer
	1	2	3	4	5	6	7	
Continuous learning and professional development	38%	12%	12%	2%	16%	8%	12%	4.82
Resilience, recovery, and wellbeing	14%	12%	20%	26%	10%	12%	6%	4.34
Working with family, whānau and community	12%	12%	18%	20%	14%	14%	10%	4.06
Using a human rights approach	6%	22%	16%	14%	14%	22%	8%	3.96
Communicating effectively	8%	14%	12%	20%	16%	10%	18%	3.73
Working within teams and systems	14%	16%	10%	6%	20%	14%	22%	3.71
Applying lived experience	10%	13%	10%	13%	10%	21%	23%	3.46

*Note.* Question was ranked on a 7-point Likert scale with 1 being the most important and 7 the least.

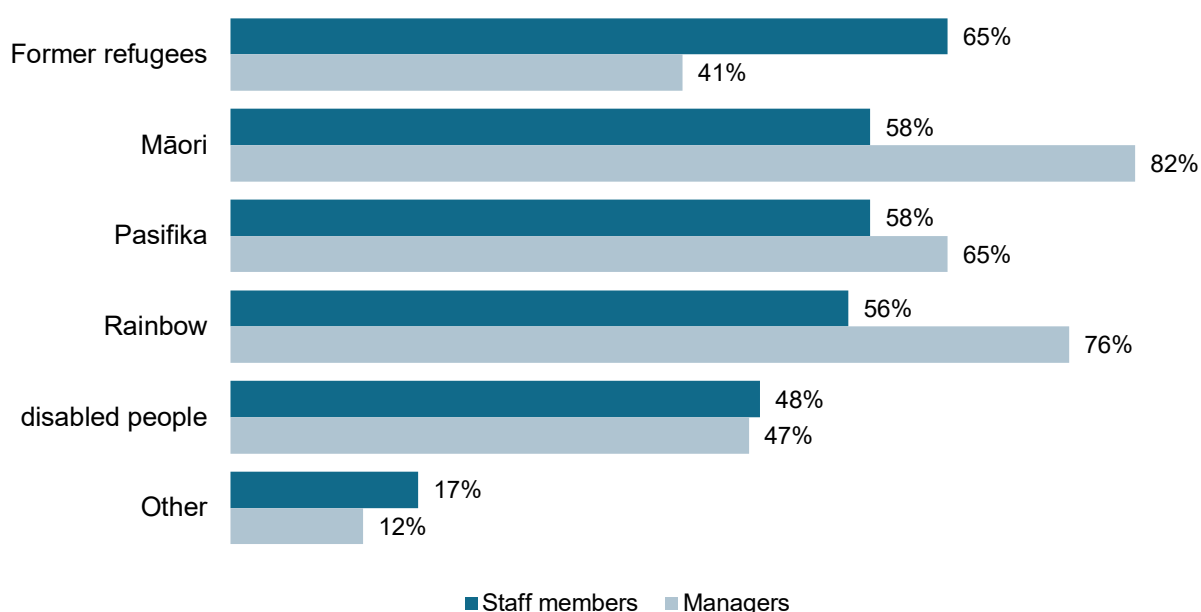
<sup>1</sup> This was the competency that was rated second lowest in the earlier question about how well staff carried out each competency.



Staff identified training required to support specific population groups. Figure 11 shows that two-thirds (65 percent) indicated a need for training to better support former refugees, 58 percent to support Māori, 58 percent to support Pasifika, 56 percent rainbow, and 48 percent disabled people.

There were differences in ratings between staff and managers about staff training required to support different population groups, see Figure 11. Training to better support Māori and Rainbow communities was rated highest by managers, and training to better support former refugees was rated as the lowest need.

Figure 11. Staff members' (52 respondents) and managers' (17 respondents) views of staff training needs to better support specific population groups



### Key points

- Staff felt that they needed most training in the continuous learning and professional development competencies.
- Staff identified that they needed training to better support former refugees, Māori, Pasifika, rainbow and disabled people.
- Managers prioritised training for supporting Māori and rainbow communities higher than staff.

## Organisational development

### Organisations delivering training

There was a strong theme across multiple groups that peer-to-peer training is a strength. That training is best developed and delivered by people with lived experience.

“They didn’t just facilitate it, they lived it” (interview participant)

The way training is delivered also matters. One person shared a very positive training course experience at a marae. They could sit on the grass and were offered good, healthy kai; part of showing manaaki. The facilitators created a space where all the people present had something to teach each other.

Focus groups highlighted that having a range of formats to meet all learning styles is important. Specific formats discussed included micro-credentials, subscription-based learning, podcasts, gathering people for a hui and mentoring.

Online learning was considered. Some found it a barrier, especially due to the cost of internet data. Others found online learning efficient and flexible. Some saw a place for online learning during Covid-19 to support creative ways for people to come together to learn. The need to build confidence in learning online was discussed.

“Longer courses, more than a few days. Need enough time to really wānanga.”  
(focus group participant)

The use of a mentoring or a tuakana-teina approach was raised by some participants. Mentoring provides peer support alongside sharing knowledge and can benefit both the mentor and the mentee.

“There is education and co-learning to be gained from peers walking alongside.  
This is a rich source of education. It is a way to gain wisdom.” (interview participant)

### Organisational support

Training needs to be aligned to organisational goals and have leadership support. Organisations need to have infrastructure to support training, and to follow-up to ensure learning is implemented, reinforced, and applied in practice. Having champions amongst leaders and managers to sustain learning within organisations is valuable.

Many people spoke about the importance of supervision in reinforcing the learning from training. Supervision is always needed, especially after training, to ensure that training is implemented and that there is space for reflection. Supervision helps CPSLE staff to align to best practice and promotes safe practice.

Some organisations offer additional support to new staff as they begin roles and start training. This can include being released from work hours to study. Examples were shared of

organisations providing wraparound support to their staff, including hours off for study, and mentoring.

## **Role clarity**

There are difficulties with role clarity across multiple role types. There are misunderstandings about what CPSLE roles do, and these can lead to inaccurate expectations of CPSLE workers. Having simple resources to teach people about the different roles was suggested.

### ***Education for other professionals***

While out of scope for this TNA, multiple respondents talked of the need to have training for other (non-peer) professionals about peer roles and culture. This would help them to understand peer values and role expectations, and value lived experience.

Some people talked of the need for training for people who have lived experience but are in non-CPSLE roles.

“Courses for health professionals to safely identify with their lived experience and disclosure of it. Support the broader health workforce that “it’s ok to say you’re not ok”. (interview participant)

One participant suggested there needs to be training about lived experience for people in governance roles.

#### **Key points**

- Training for the CPSLE workforce is best developed and delivered by people with lived experience.
- A range of training formats is needed to meet all learning styles.
- There are mixed views on the utility of online learning.
- A tuakana-teina or mentoring approach could be useful.
- Organisations need to support training implementation for it to be effective.
- Resources are needed that inform people about CPSLE roles.

## **Infrastructure**

### **Accessibility of training**

Multiple groups spoke of the need for training to be accessible and affordable. People spoke of the frustration of needing a job to qualify for training but needing the training to obtain a

job. The NZQA Level 4 Certificate in Health and Wellbeing was mentioned as an example of free training that is accessible for those who are in employment.

For all types of training, a range of complex accessibility issues were raised including geographic proximity and availability, accessibility for different learning styles, as well as being financially and logistically accessible. For example, training is not available for people in some areas, especially rural areas. Some training is only available to people within one specific DHB. Other training is in-house training that is only open to people in a specific organisation. It is important that training is available and accessible to everyone across the country regardless of the area they live and work in.

“We need to address the post code lottery based on location and organisation.”  
(focus group participant)

## Further study pathways

Several participants talked of the lack of a pathway into further study after the NZQA Level 4 Certificate in Health and Wellbeing, and into postgraduate study. Participants said they wanted to see clear options for people to pursue further education, and study options that were relevant to peer work.

## Collaboration and networking

A lack of collaboration about training resources was noted by participants. Current training happens in pockets, with some excellent resources that are only available to a few, and some duplication due to a lack of awareness of other training resources developed for a particular organisation or group.

Promoting collaboration between organisations would optimise the resources available and enable more shared learning. Organisations could share existing training resources and develop new resources together. Expertise would be shared, and skills developed through co-learning.

“We need to collaborate together! We need to share and make training available and accessible.” (focus group participant)

### Key points

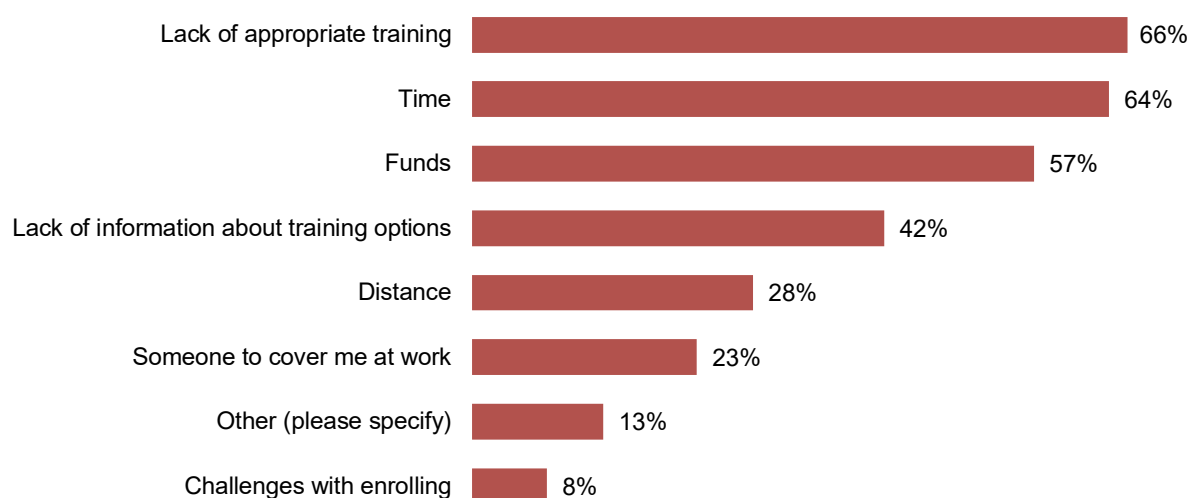
- Training needs to be accessible and affordable.
- Accessibility issues that were identified included location, cost, and accessibility for different learning styles.
- There is no identified pathway into further study after the NZQA Level 4 Certificate in Health and Wellbeing.
- There is a lack of collaboration about training resources.
- Promoting collaboration could optimise resources and enable shared learning.

## Barriers to training

As well as identifying training needs, it is important to identify barriers that might prevent people from attending training. Staff and managers were asked to identify potential barriers.

Figure 12 shows the most common barrier identified was a lack of appropriate training (66 percent), followed by time (64 percent), funds (57 percent), a lack of information (42 percent), distance (28 percent), someone to cover them at work (23 percent), other barriers (13 percent), and challenges with enrolling (8 percent).

Figure 12. Barriers to attending training among CPSLE staff members (53 respondents)



Managers' responses were similar to those reported by staff (in Figure 12). However, having someone to cover employees work was identified as a greater barrier by managers.

When barriers to training were shared with focus group participants there was widespread agreement on the barriers listed. Additional barriers that emerged from focus group discussions are below.

<b>Training delivery</b>	<p>The mode of delivery of training (in person or virtual) was a barrier for some.</p> <p>The cost of data was a barrier for zoom/online courses.</p>
<b>Access to training</b>	<p>Training is disconnected across the sector (different organisations are creating local solutions but they are not joined up).</p> <p>Location (training being limited to a specific area/DHB).</p> <p>Poor understanding of the need for peer professional development.</p>

<b>Uncertainty about training</b>	<p>Uncertainty about the quality of training and value of the course vs the cost.<sup>2</sup></p> <p>Feeling whakamā. Not knowing how to navigate training, not feeling smart enough.</p>
<b>Organisational support</b>	<p>Training providers need to understand the learning needs of people who experience mental health challenges and addiction in training settings.</p>
<b>Literacy</b>	<p>Most training requires a high level of English literacy. Multiple participants identified these literacy requirements as a barrier to engaging in training.</p> <p>We heard of the different needs and barriers of those who do not have a high level of formal education, and the need for proactive and flexible support.</p>
<b>Organisational culture</b>	<p>There is a need for peer culture to be embedded in workplaces.</p>
<b>Equitable access to training</b>	<p>Everyone needs the same access to training opportunities.</p> <p>Adequate funding needs to be available for training.</p> <p>Training opportunities need to be accessible and include all people.</p>

There were some powerful comments from participants about the impact of barriers to training:

“The needs of [lived experience] workers who have done tertiary study in health differ from those that have come from other paths. If we want to really bring forward voices of marginalised, we need to allow room for people to easily receive support for all sorts of work needs (literacy, computers, learning work environments, learning the healthcare sector).”

“The majority of peer workers I interact with (throughout the country, with many different organisations) struggle with workplace cultures that are not supportive of or congruent with what they've learned in peer support training. This is a source of great role strain and burnout for CPSLE workers. Training without an aligned workplace culture for CPSLE staff is only fixing part of the problem. A full fix for this would include overhauling how peer services are commissioned by funders, and how funders monitor these contracts.

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<sup>2</sup> A participant suggested manager/participant reviews of training would be useful.

“[the CPSLE] workforce is all about equity, but training is only reachable/accessible by those with opportunities.”

### Key points

- Lack of appropriate training is the most common barrier to training.
- Other barriers include:
  - time
  - a lack of information
  - distance
  - adequate cover at work
  - challenges with enrolling
  - the mode of training delivery
  - training accessibility
  - organisational support
  - literacy
  - organisational culture.

## Discussion

This training needs analysis aimed to progress actions 3.5 and 3.7<sup>3</sup> of the CPSLE Action Plan and enhance collaboration by engaging with the CPSLE workforce in the delivery of a workforce development project, by:

- describing the training needs of the CPSLE workforce
- describing the training currently available to the CPSLE workforce to apply the CPSLE competencies
- understanding gaps in the current training provision for the CPSLE workforce.

We are grateful for the level of engagement in this project from the CPSLE workforce. Nearly 120 people took part in this project. Workforce surveys suggest the CPSLE workforce is around 480 full-time equivalent (FTE) positions (Te Pou o te Whakaaro Nui, 2015, 2018; Whāraurau, 2021) but it is not clear how many people that equates to, . It is noted that while

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- develop training and professional development activities to upskill the CPSLE workforce (Action 3.5)
- support the development of career pathways, accessible training and qualifications that meet the needs of the CPSLE workforce (Action 3.7).



participation was strong in the TNA process, the views elicited represent only a proportion of the workforce. The views of people who did not take part may vary.

We have described the training currently available to the CPSLE workforce, the gaps in the current training, and the CPSLE workforces' training needs. We have found that there is a lack of training to support implementation of the competencies and identified many opportunities where training could better support the CPSLE workforce to carry out their roles.

Some people told us that they felt they had been thrown in the deep end. That they had found themselves in new jobs, with a lack of clarity about what to do, and little, or no training on how to do it.

We heard stories of peer organisations with excellent, comprehensive training programmes in place to support all of their staff. We also heard stories of resilience from people who did not have that support. Many of those people found support in their peers. They learnt on the job from those who had walked before them and shared their wisdom. But some had neither organisational support nor peers to learn from. They worked alone, in the absence of any networks or co-ordination of resources to support them. They taught themselves and found their own way. They remained unsure about whether they were doing their job the "right" way. These are not isolated examples.

The CPSLE competencies reflect the values, skills and qualities needed for CPSLE positions. They provide a nationally consistent framework for training, to ensure that training is relevant and meets CPSLE workforce needs. They also provide a guide for CPSLE staff to reflect on their own work and development. However, on their own, the competencies will not change practice. And neither should CPSLE staff be expected to meet the competencies alone, without support and training.

The majority of respondents had received no training in six of the seven core CPSLE competencies. A large proportion of peer support workers received no training in peer support practices. The response from consumer advisors was particularly striking. Most (80 percent) had received no training relevant to any of the three consumer advisor competencies.

People identified that participation in training brings many benefits including for their own recovery process and in reducing self-stigma. We heard that there is strength in like-minded people coming together to learn, and of the natural peer support that occurs within peer networks. We were reminded of the significant learning that comes from our own lived experience.

"Our lived experience is a strength, and it can bring valuable learning." (interview participant)

It is important to understand that having little/no training does not mean that CPSLE staff are unskilled. Many are highly skilled. But it does show that the workforce is often unsupported. We heard that people are being harmed by being put into challenging situations without the tools and resources they need. This cannot continue to happen.

Truly valuing lived experience means more than simply creating or funding CPSLE roles. It means providing the support required so that people can flourish in their roles and have meaningful CPSLE careers. This support needs to not only consider what training is available, but also what organisations can do to support the training and the infrastructure required.

## Next Steps

To support people to flourish and have meaningful careers, change is needed. The following suggested next steps are based on what we have heard from our lived experience workforce. These will be collaboratively prioritised, and recommendations with clear accountability will be developed in partnership with the CPSLE workforce, funders, training providers, and other sector partners.

- **Entry-level or foundation training.** Core training for those entering the CPSLE workforce, in all roles, should be developed and made accessible nationally. It should include an introduction to all of the competency areas, including; applying lived experience resilience, recovery and wellbeing; learning and professional development; communicating effectively; interacting with family, whānau and community; interacting with teams and systems and using a human rights approach. Foundation training should support people moving into the workforce with wellbeing and employment support.
- **Develop training for consumer advisors.** Training needs to be developed for consumer advisors and rolled out nationally. This training should be developed collaboratively with consumer advisors and include training on the consumer advisor role, systemic advocacy, strategic viewpoint, peer participation, human rights frameworks, organisational change, and quality improvement.
- **Advanced peer training.** A clear pathway for peer support workers to grow and develop in their practice is required. Advanced peer support training needs to provide people with the skills and tools to continue in peer support as a career and build on concepts introduced in entry-level training such as Intentional Peer Support training, or Peer Employment Training.
- **Management/leadership development.** Management and leadership training needs to be developed that supports people to move into line management positions. Such training needs to include how to negotiate relationships with staff as a peer who is now in a manager role.
- **Geographic gaps.** Access to training should not be limited to specific geographic areas. Removing geographic eligibility criteria should be a priority, and the rollout of any new training should be made as widely available as possible.

- **Specific population gaps.** Training to better support specific population groups was identified as a gap, particularly to work with rangatahi/youth, Māori, Pasifika, rainbow, former refugees, and disabled people. Specific training resources for CPSLE workers supporting these groups need to be developed, in partnership with each relevant group.
- **CPSLE addiction training.** The provision of CPSLE addiction training should be further investigated, and training developed if required. There is a particular need to reflect harm reduction approaches. This was a significant finding from the TNA but work is needed in partnership with the addiction lived experience workforce to understand in greater detail what skills or knowledge are needed and how training can meet that need.
- **Increase access to peer supervision training.** Access to supervision is required so that peers can reflect on their learning, and to promote best practice and safety. Peer supervision training is required to increase access to supervision and to ensure that supervision is effective for the CPSLE workforce.
- **Promote collaboration, networking and communities of practice to optimise training resources.** Currently training happens in pockets, with some excellent resources only available to a few, and some duplication due to a lack of awareness of other training resources. Promoting collaboration between organisations will optimise the resources available and enable more shared learning.
- **Develop a formal mentoring network to support isolated peers.** We met many peers who talked of learning from more experienced peers who shared their wisdom. Mentoring, or a tuakana-teina approach, fits strongly with peer values and often happens naturally for many peers. However, some people are isolated, and/or work in organisations that don't fit well with peer culture. For those people, a formal way to access an experienced peer to develop a relationship with, and learn from, could be invaluable.
- **Develop a directory of CPSLE training resources.** Lack of information is a key barrier to accessing training. The stocktake developed through this TNA project should be turned into an online directory so that people can search for information on available training. The directory should include details on each course, including provider, cost, length, and entry requirements. It should be made available online and promoted as a hub of information and maintained over time.

## Conclusion

The CPSLE workforce is growing and will continue to grow. We must support the current workforce, so they flourish and remain in the workforce to mentor future CPSLE workers. At the same time, we must improve foundational training to equip and support the CPSLE workforce so that the future workforce is not thrown in the deep end, and only knows the feeling of being supported into their exciting and meaningful new roles.

# Appendices

## Appendix A: Core competencies for the CPSLE workforce

Table 4. Summary of the core competencies for the CPSLE workforce

Competency	Summary of competency
<b>Applying lived experience</b>	The CPSLE worker shares relevant experiences of living with mental health and addiction. Experiences are shared to contribute to peer relationships, or to provide information for improving services.
<b>Resilience, recovery, and wellbeing</b>	All CPSLE workers understand that self-care, self-advocacy, and stress management are important for their wellbeing and resilience.  They use the practices that work best for them to stay well.
<b>Continuous learning and professional development</b>	All CPSLE workers identify areas where they can grow personally or professionally and take opportunities to learn and develop.  They value ongoing development and stay connected to their peer community to stay 'grounded' in their work.
<b>Communicating effectively</b>	CPSLE workers use a range of skills to communicate appropriately and effectively with peers, colleagues, and other stakeholders.  They use communication skills and styles that are appropriate for the situation they are in and for the person they are communicating with. They always use recovery and wellbeing focused language, and they emphasise the strengths of their peers.
<b>Working with family, whānau and community</b>	CPSLE workers understand the value of family, whānau, and community in people's lives, and work to actively include them.
<b>Working within teams and systems</b>	CPSLE workers understand relevant legislation, policies, standards and systems, and work to align them with peer values. They work  together with team members and respect everyone's roles and responsibilities.

<b>Using a human rights approach</b>	CPSLE workers protect and promote human rights for everyone, in all their work. They will use their personal story and advocate for positive change.
<b>Peer support worker competencies</b>	
<b>Mutual relationships</b>	Peer support relationships are always developing and involve people both giving and receiving. This is very different from conventional support programmes, where people need help, and the staff provide that help. In peer support, people learn from each other. Peer support workers understand this concept of mutuality and use it in their relationships.
<b>Purposeful approach</b>	Peer support workers understand people need to have hope, meaning and aspirations in their lives. They support them to achieve this.
<b>Peer support practices</b>	Peer support workers understand what peer support is and use appropriate models, tools, and practices in their work.
<b>Consumer advisor competencies</b>	
<b>Strategic viewpoint</b>	All consumer advisors work strategically to effect positive change in service delivery and organisational culture.
<b>Participation and leadership</b>	All consumer advisors work to ensure that effective peer participation and leadership happens at all levels of the organisation.
<b>Service improvement</b>	Consumer advisors are involved in service improvement, quality improvement, and education. They promote meaningful wellbeing-focused measures for people who use services.

## Appendix B: Focus group and interview participants

Focus group participants were from a range of organisations including mental health and addiction providers, a needle exchange programme, Corrections and self-employed contractors.

Individual interviews were held with 10 people. These included:

- an educator/academic
- two consumer advisors
- three people working in kaupapa Māori roles
- three people who have worked as a CPSLE supervisor
- three people who have developed/deliver peer training
- a youth peer worker.

## Appendix C: Location of survey respondents

Table 5. Location of survey respondents

DHB area	Number of respondents
Canterbury	11
Southern	9
Counties Manukau	9
Auckland	6
Bay of Plenty	6
Capital and Coast	6
Hauora Tairāwhiti	2
Hawkes Bay	2
Hutt Valley	2
Lakes	2
National	8
Northland	2
South Canterbury	2
Taranaki	2
Waikato	5
Waitematā	3
Whanganui	3
Other	8



## Appendix D: Additional training gaps

Additional training gaps identified by individual participants.

- Meeting assertiveness. Such as, being courageous in meetings.
- Co-reflection.
- Training in de-escalation without physical restraint.
- More internal organisation training, tailored to staff.
- Building trust with people.
- Recruiting and interviewing staff.
- Serious adverse event reviews.
- Motivational interviewing.
- Solution-focused working.
- Peer support training for high school students.
- Critical psychology.
- Anti-psychiatry.
- Sociology of mental health.
- Communication skills.
- Report writing.
- Managing exposure and being retraumatised by the system.
- Emotional boundaries.

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