



SOUTHERN CONSUMER,  
PEER SUPPORT AND  
LIVED EXPERIENCE (CPSLE)

# Workforce Survey Report

TIME FOR  
**CHANGE**  
Te Hurihanga



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# Our survey

In October 2022 we ran an online survey for the Consumer, Peer Support and Lived Experience (CPSLE) Workforce. The survey collected information about the people in our workforce, and their training needs. Twenty nine responses were received.

In November we released the results of the survey and discussed the findings at workshops in Cromwell, Dunedin, Invercargill and Oamaru.

Due to a lower response rate from one area, we re-opened the survey in November 2022. We received a further four responses. This document presents the final results, of all 33 respondents.

# Our workforce

The CPSLE workforce in Southern is small and is spread across multiple organisations.

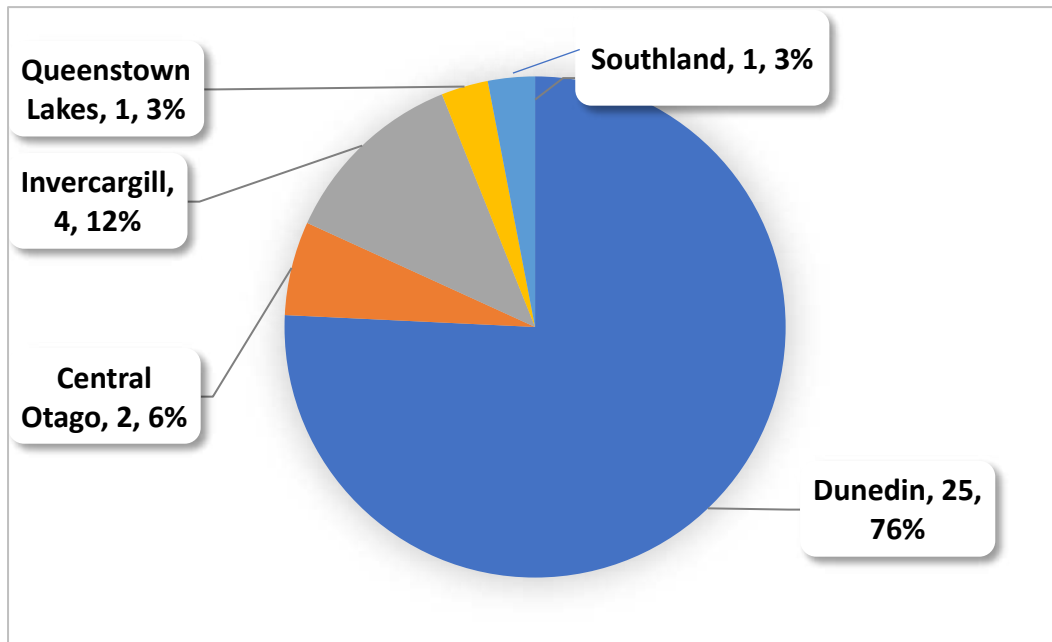
We have identified CPSLE staff and volunteers working in the following organisations:

- Able
- ADL
- Artsenta
- CBCT
- Corrections (Milton)
- Happiness House
- Life Matters
- Mirror Services
- Moving Forward
- Nga Kete
- Otago Mental Health Support Trust
- PACT
- Salvation Army
- Te Whatu Ora
- WEKA

It is possible that there are CPSLE staff working in other organisations too.

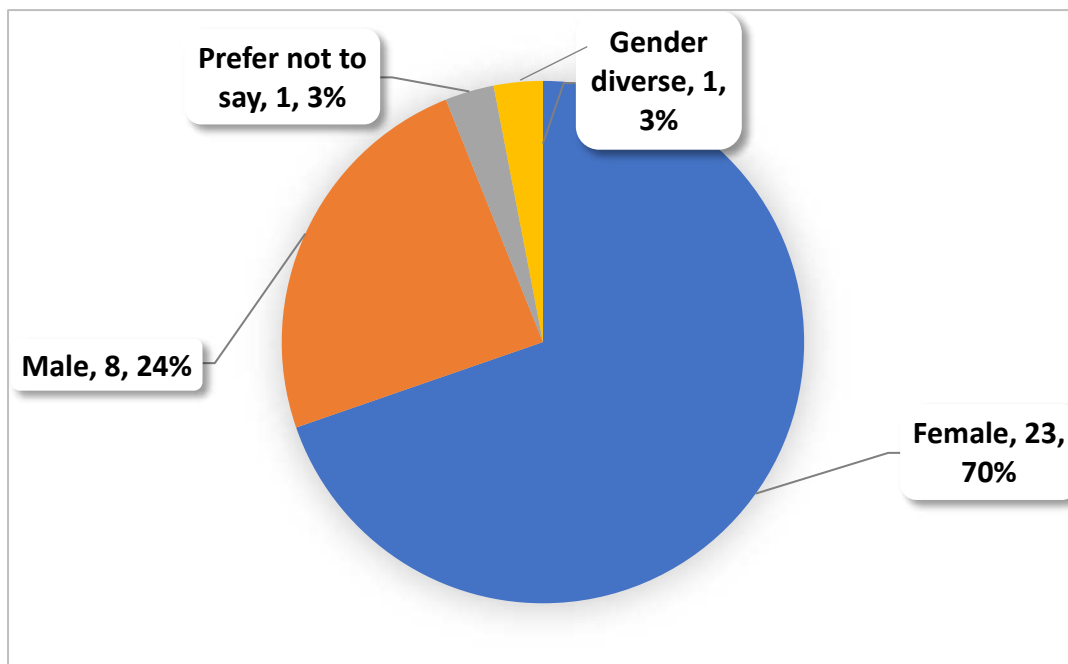
## Location

Most of the respondents (25 people) were from Dunedin, followed by Invercargill (4), Central Otago (2), Queenstown Lakes (1) and Southland (1).



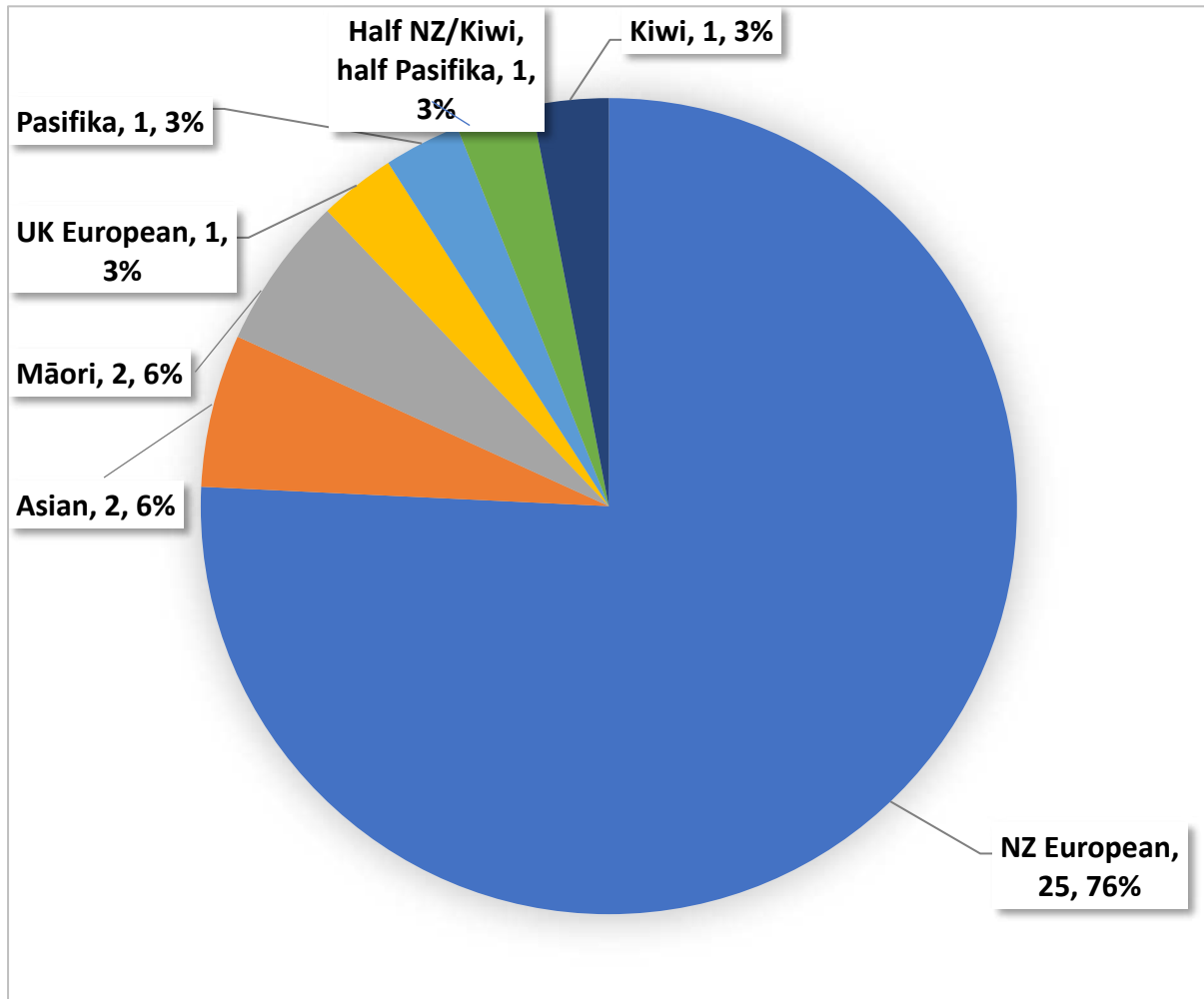
## Gender

Over two-thirds (23, 70%) of the respondents were female. One person did not wish to answer this question, one identified as gender diverse, and 8 (24%) of respondents were male.



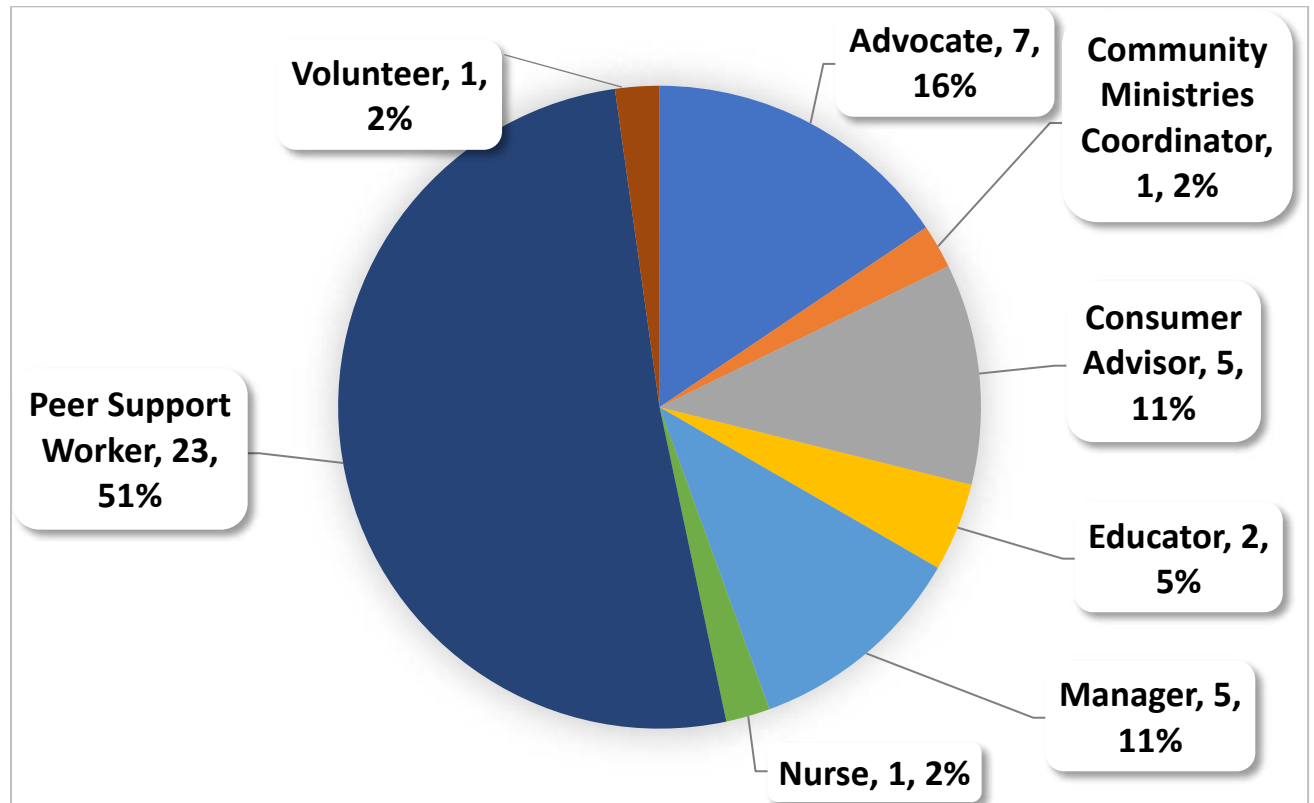
## Ethnicity

The majority of respondents (25, 76%) identified as New Zealand European, followed by Māori (2, 6%) and Asian (2, 6%). One person identified for each of Pasifika, UK European, Kiwi, and Half NZ/Kiwi half Pasifika.



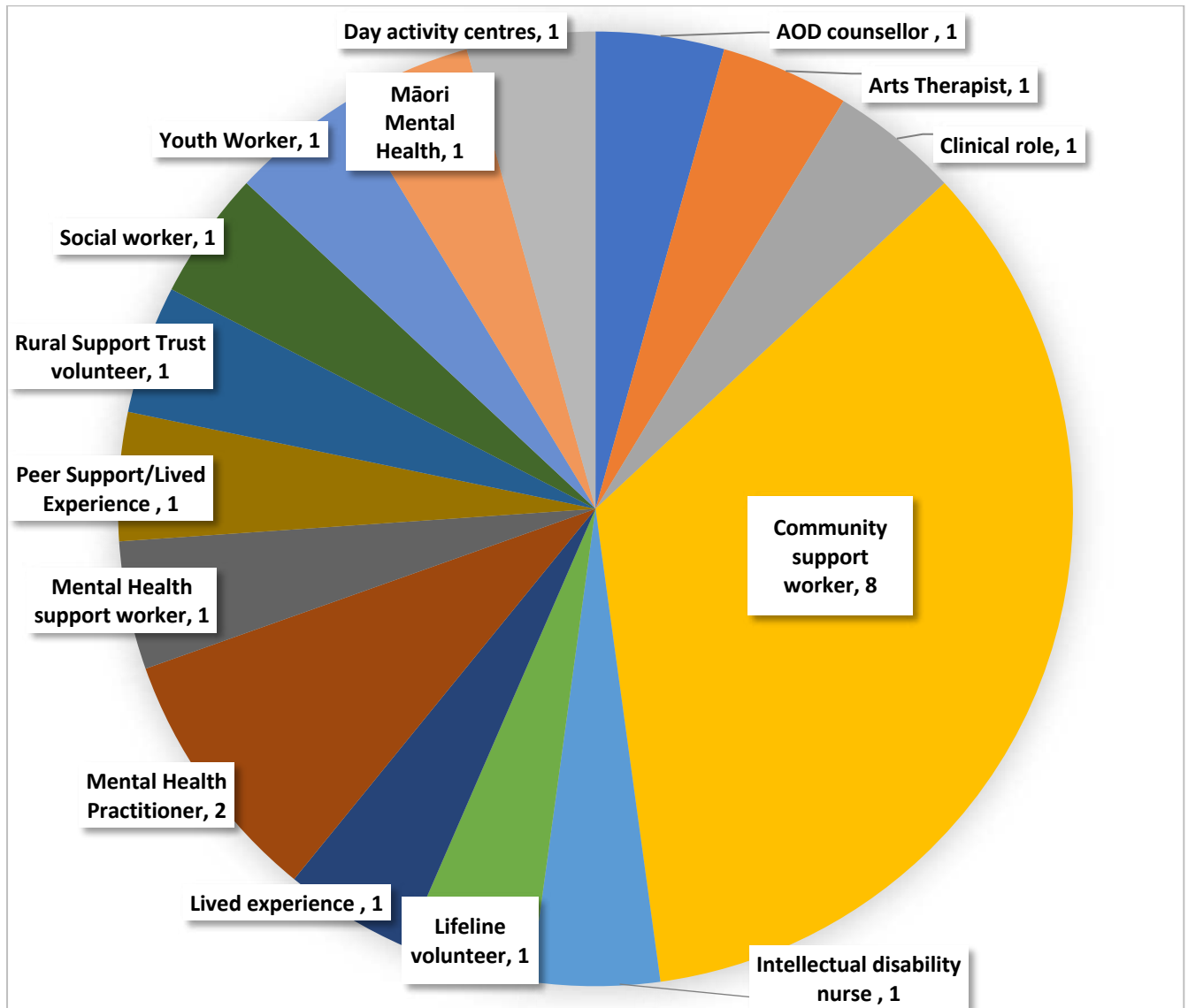
## Role

Respondents were asked to describe their role, and were able to select more than one response. Over half of respondents (51%) identified as peer support workers, and 16% as advocates. 11% were managers, 11% Consumer Advisors, and 5% Educators. One response (2%) was received for each of volunteer, nurse, and Community Ministries Coordinator.



## Career pathways

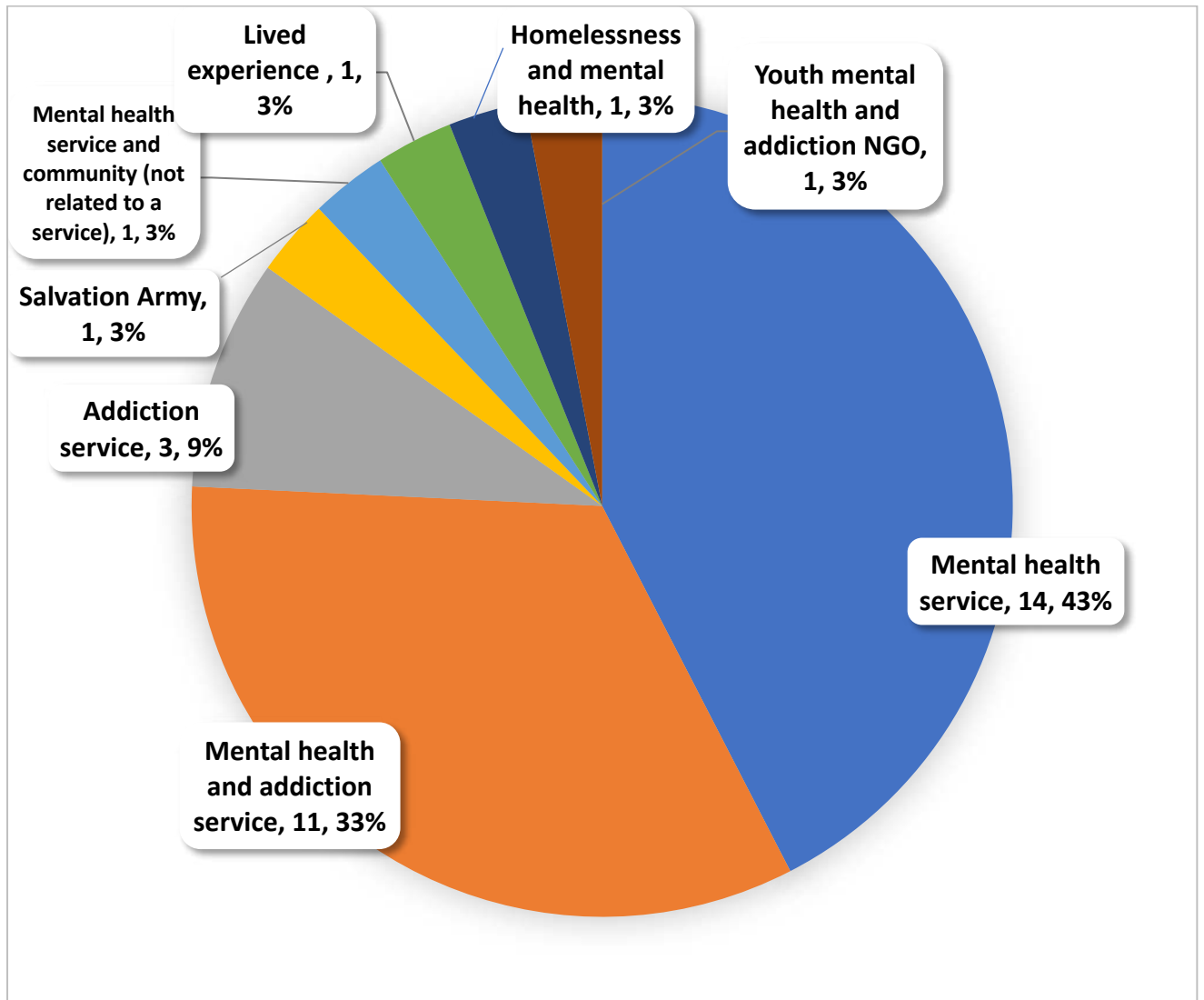
The survey asked people if they had previously worked in other roles in the mental health and addiction sector. This question was asked to identify what career pathways people were taking to join the CPSLE workforce. A wide range of responses were received, showing the diverse skills held by our CPSLE workforce.





## Service type

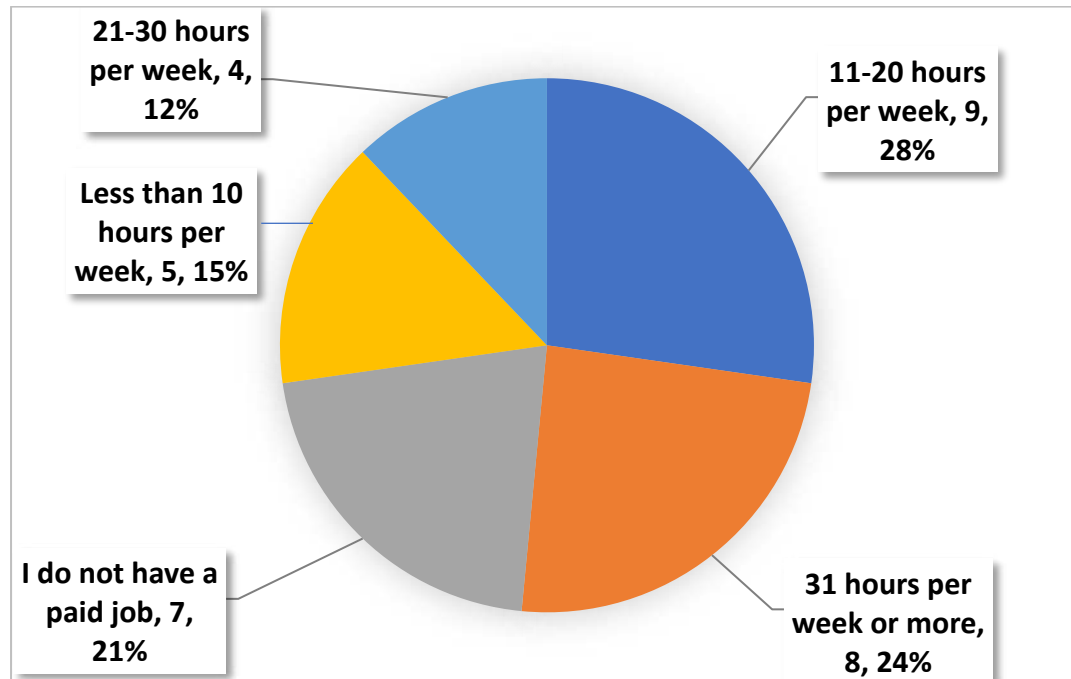
Most respondents worked in a mental health service (43%) or mental health and addiction service (33%). Nine percent worked in an addiction service.



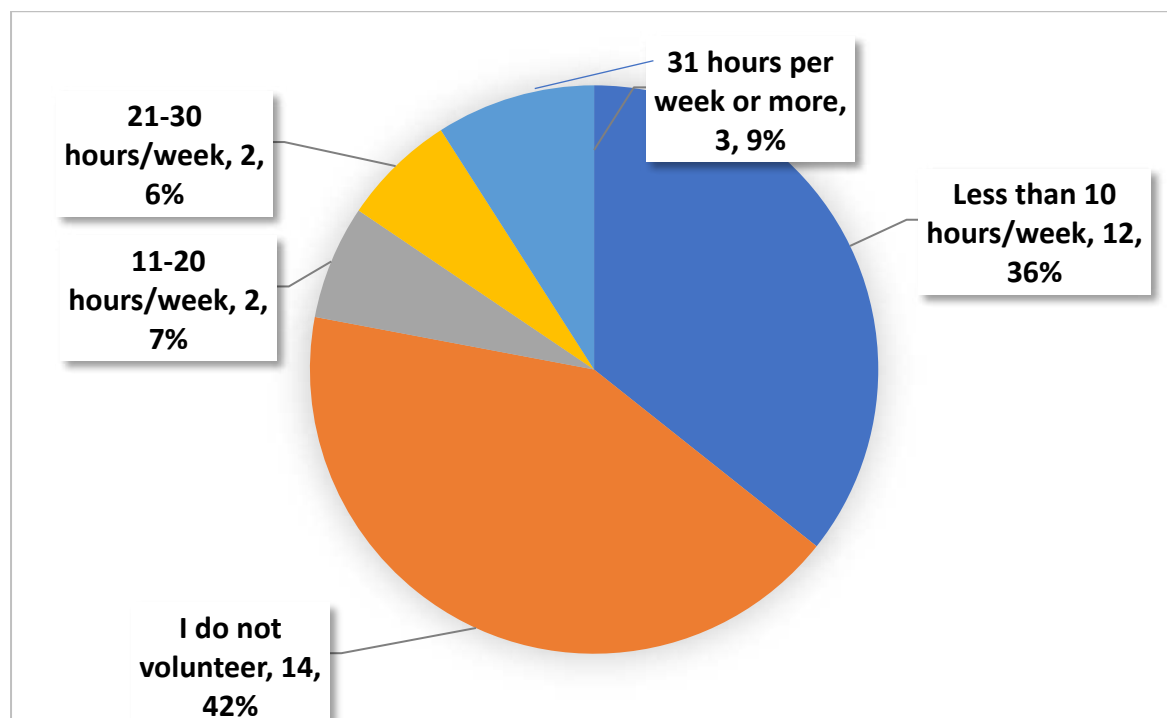


## Hours worked or volunteered each week

The survey was open to people in paid jobs and in voluntary roles. Around a quarter (24%) of respondents worked 31 hours per week or more, followed by 11-20 hours per week (28%). Around one fifth (21%) did not have a paid job. 15% of people worked less than 10 hours per week and 12% of respondents answered that they worked 21-30 hours per week.

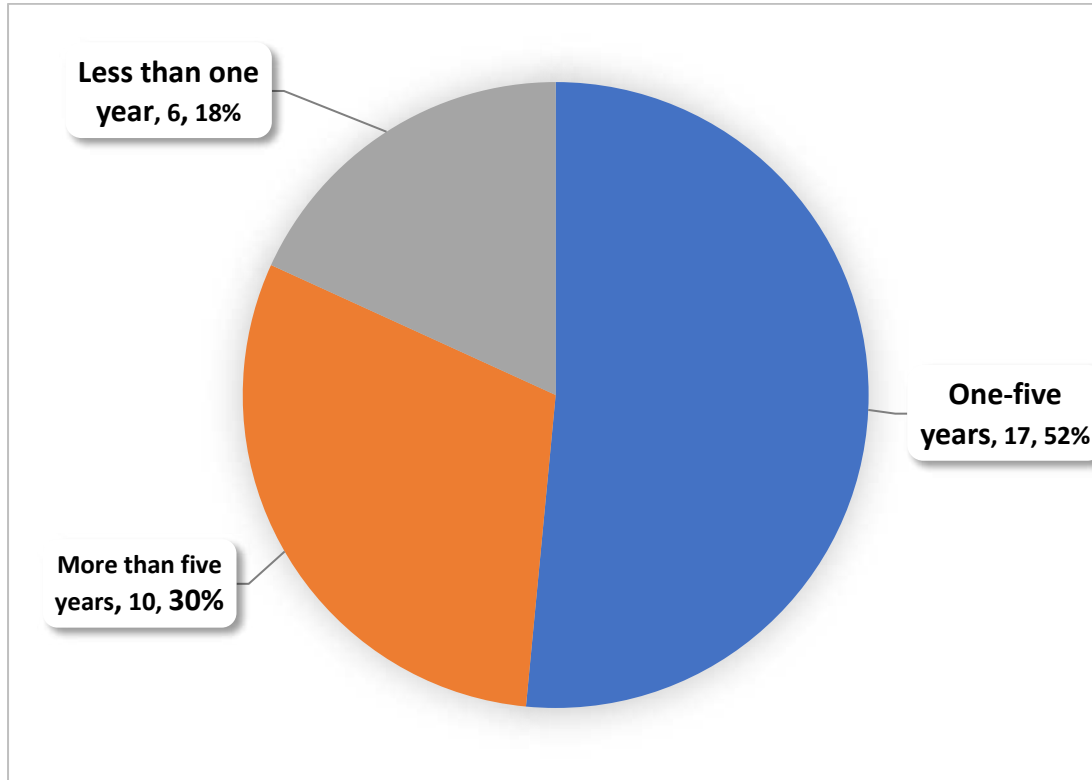


Over one-third of respondents did not volunteer. 36% volunteered for less than 10 hours per week. A small number of people volunteered for 11-20 hours per week (7%), or 21-30 hours per week (6%). Three people (9%) volunteered for 31 hours per week or more.



## Length of time in current position

Over half (52%) had been in their position for between one and five years. Around a third (30%) had been working/volunteering for more than five years, showing that many in our workforce are well-experienced. 18% had joined the CPSLE workforce recently and had been in their role for less than one year.



# Competencies

A competency is a behaviour, knowledge and/or skill that people need to use to do a job (paid or voluntary).

Te Pou has released Competencies for the Consumer, Peer Support and Lived Experience workforce.

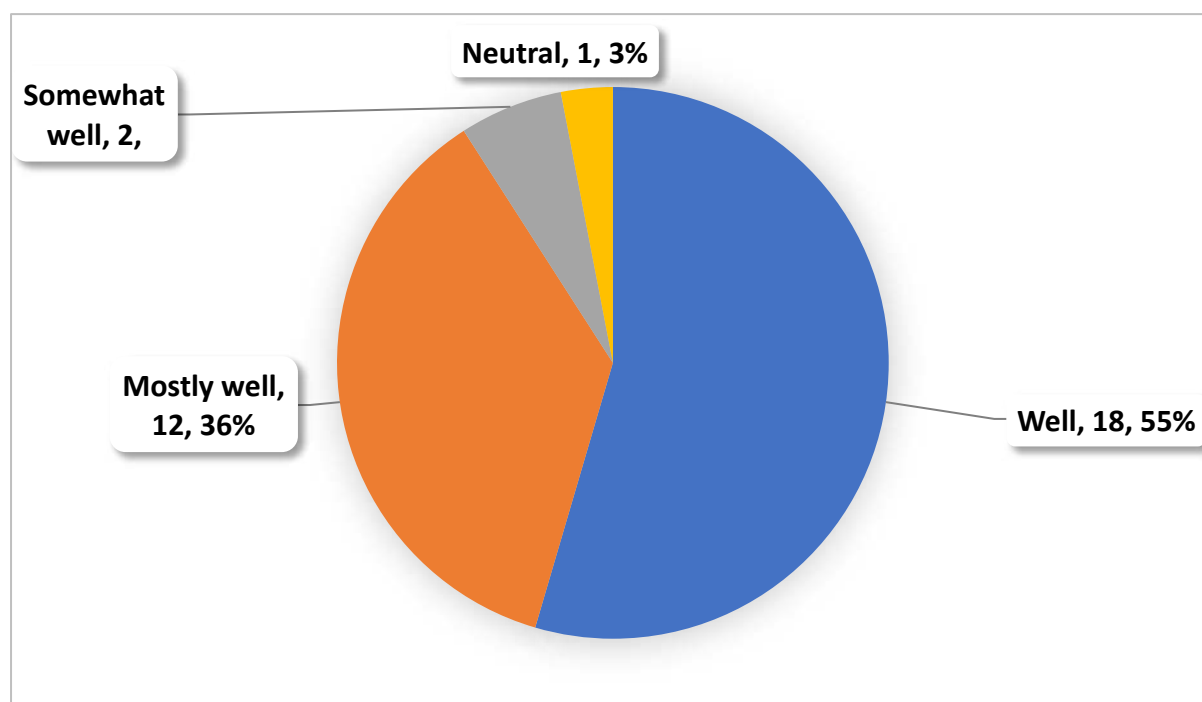
The survey asked people to reflect on how well they carried out each competency, using a scale that went from “not well at all” to “well”. We summarised the competencies so they were easier to understand. The point of these questions was to identify potential priority areas for future training and development.

## Competency one – applying lived experience

Competency one is

*“I feel I am able to use my lived experience to support my peers and my lived experience is valued by the service I work for.”*

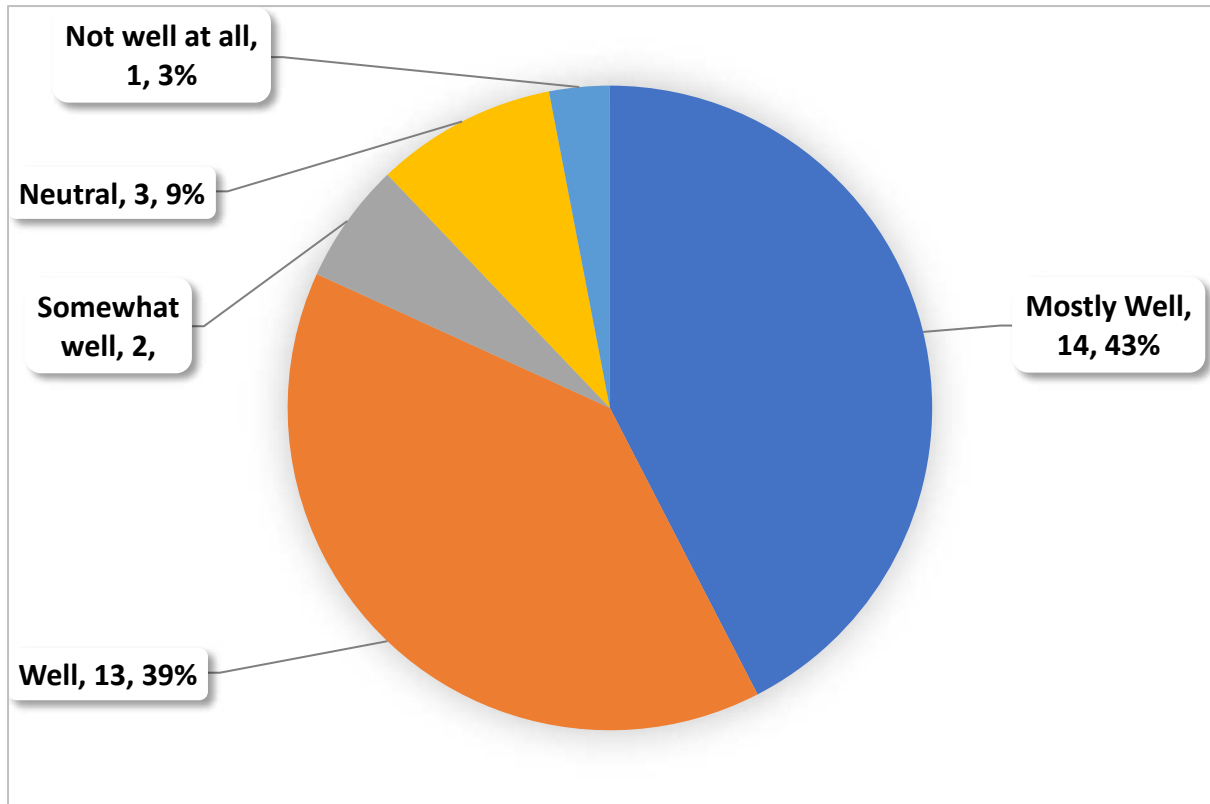
Over half of respondents (55%) thought they carried this competency out well. 36% said mostly well, and 6% said somewhat well. One person was neutral.



## Competency two – resilience, recovery and wellbeing

*“I have a good set of practices to look after my own wellbeing and I am able to let people know if I need support with my own wellbeing.”*

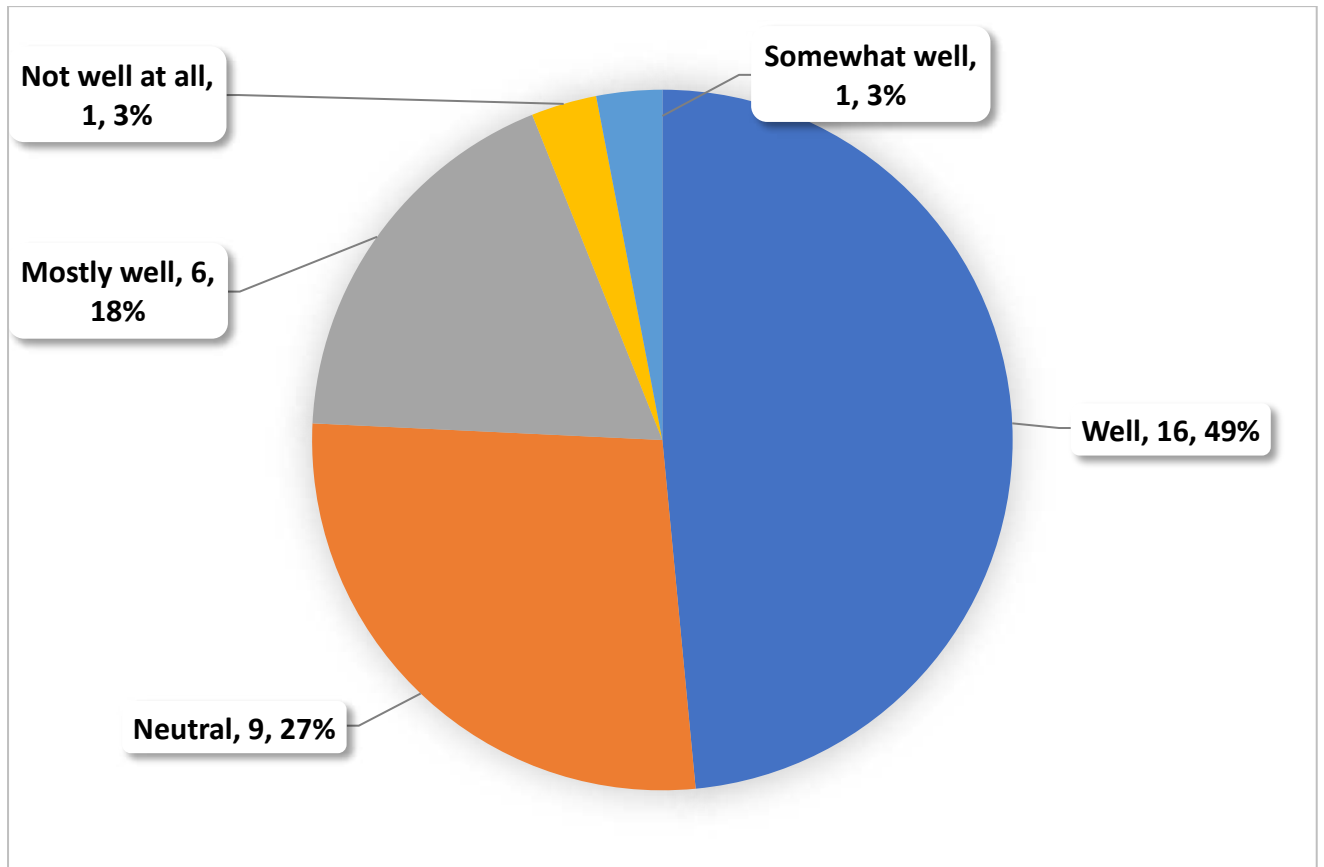
For this competency, 43% of people said they carried it out “mostly well”, and 39% said “well”. One person said “not well at all”, and 3 people said “neutral” or “somewhat well”.



## Competency three – continuous learning and professional development

*“I am able to access the training I need to grow professionally and also to support my personal development”*

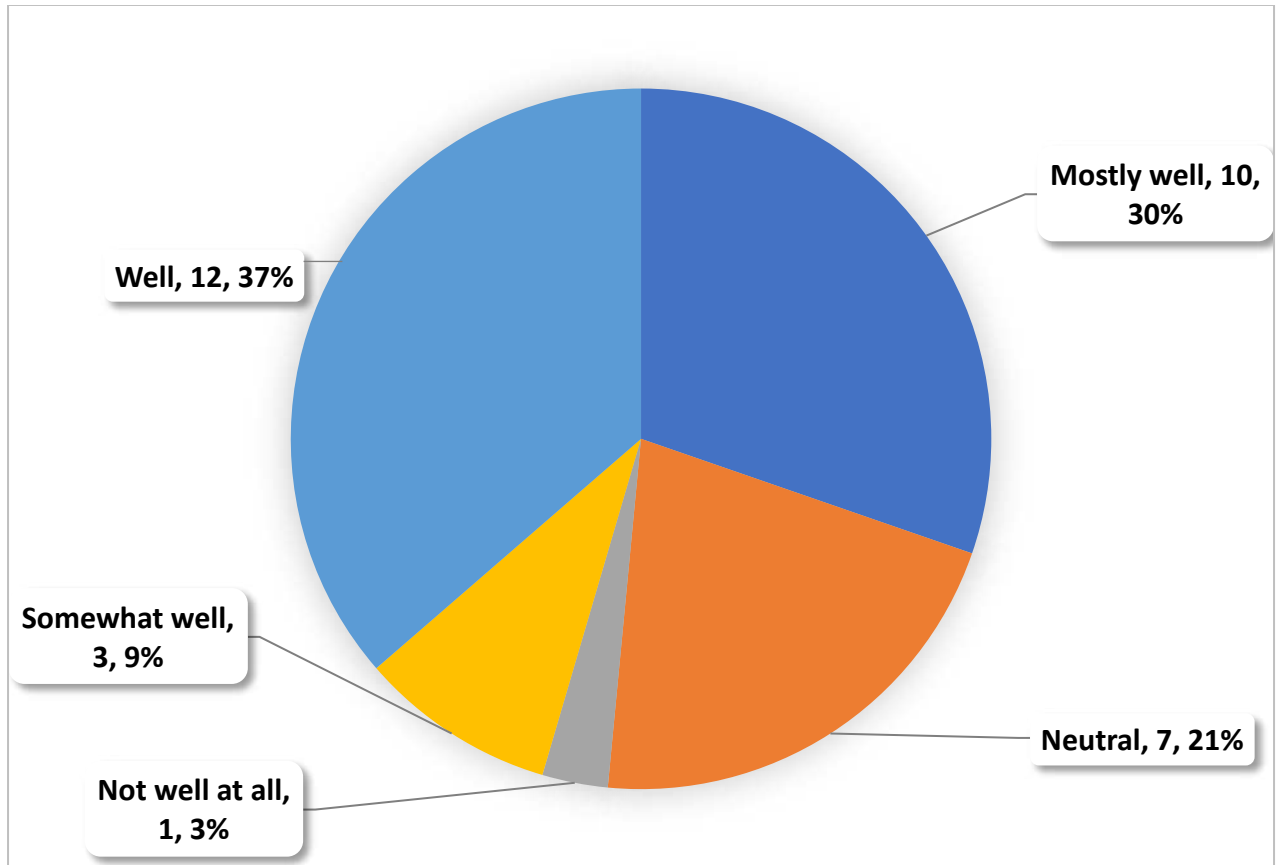
Nearly half of the respondents (49%) said they carried out this competency well. Over one-quarter (27%) were neutral about this competency.



## Competency four – continuous learning and professional development continued

*“I feel well connected to my peer community and this helps to support (‘ground’) me in the work that I do.”*

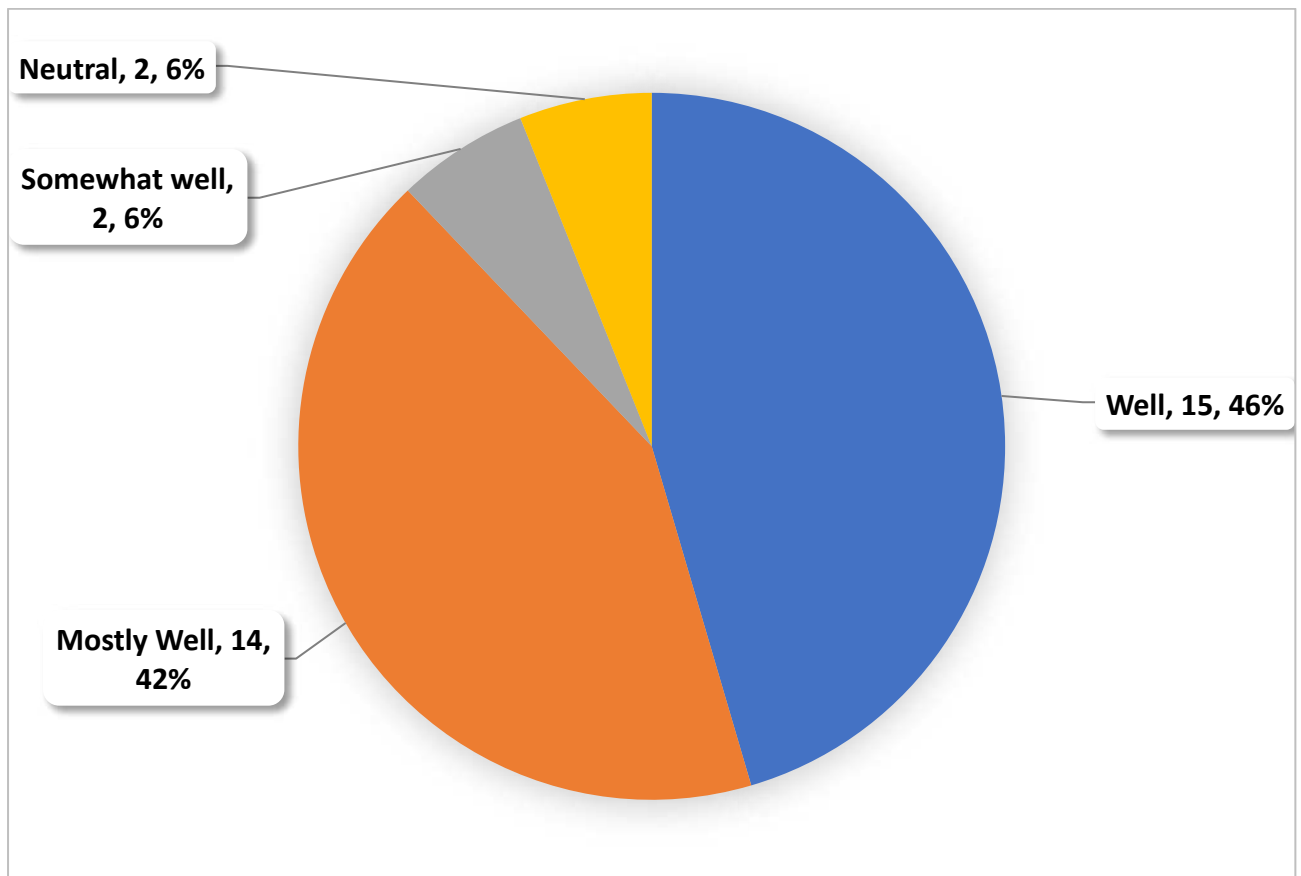
Most respondents (67%) carried out this competency well or mostly well. 21% were neutral.



## Competency five – communicating effectively

*“I am confident in my ability to communicate with my peers and colleagues. I have a good understanding of recovery and wellbeing focused language; I am able to use this language that focuses on the strengths of my peers in my work.”*

The competency on communicating effectively was one of the higher-rated competencies. 88% of respondents said they carried out this competency well or mostly well.

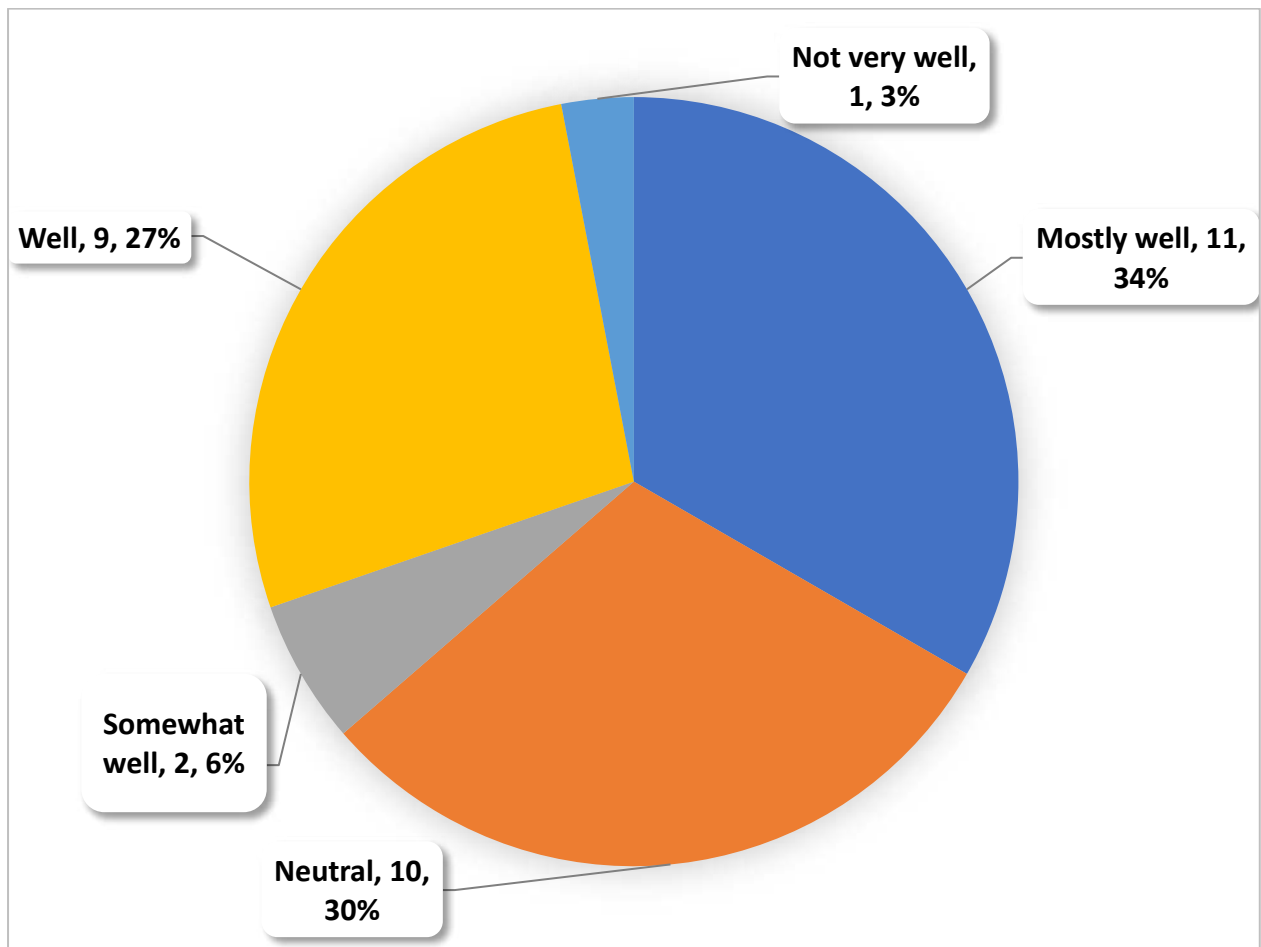




## Competency six – working with family, whānau and community

*“I understand that family / whānau and community can be a valuable source of support for people who are experiencing challenges with mental health and addiction. I work to actively include these people when working with my peers.”*

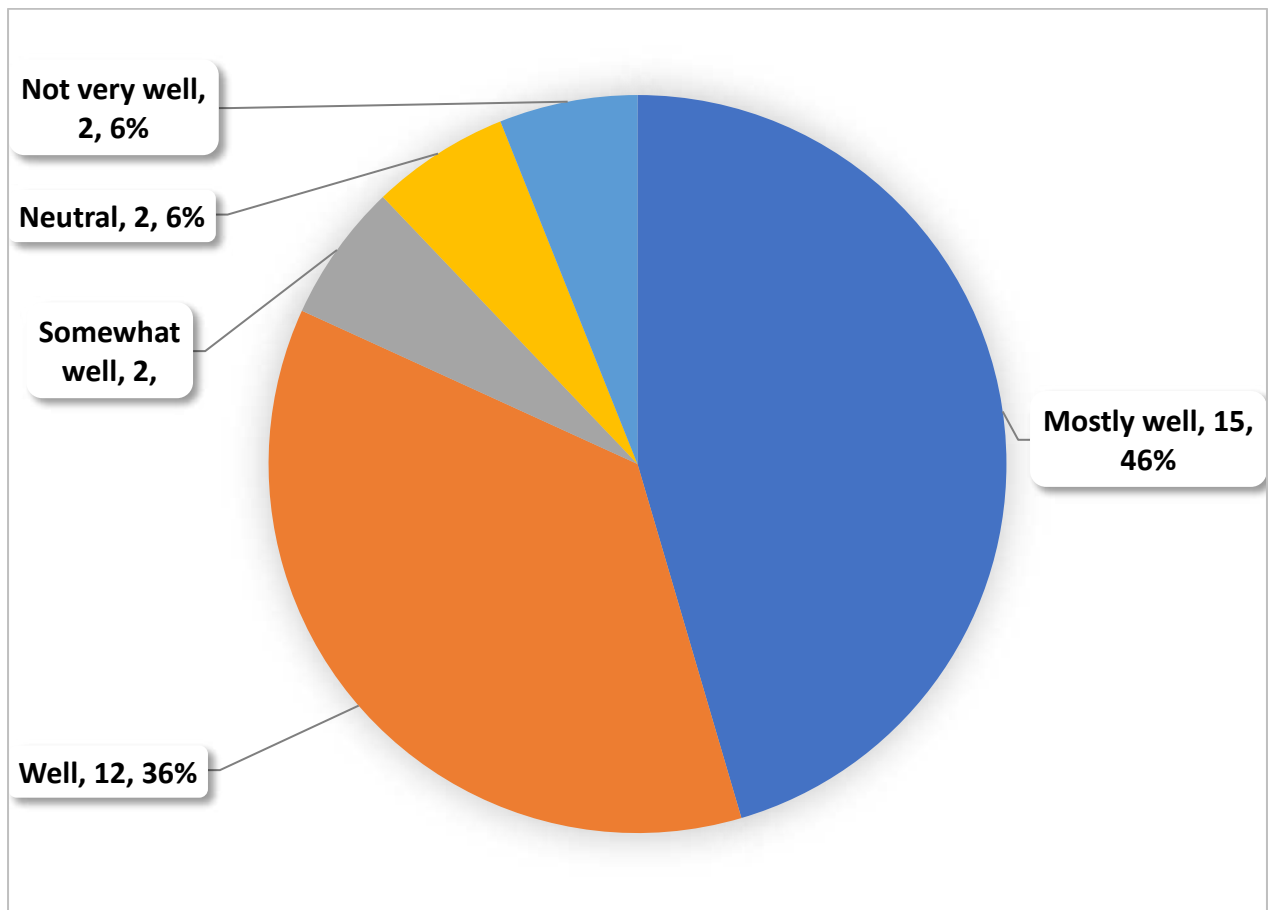
Working with family, whānau and communities was one of the lower-rated competencies. 27% of respondents said that they did this well.



## Competency seven – working with teams and systems

*“I understand relevant health and disability policies, standards and other relevant legislation. I am able to align these expectations and values to the work I do. I enjoy working with my team and respect my colleague’s roles and responsibilities.”*

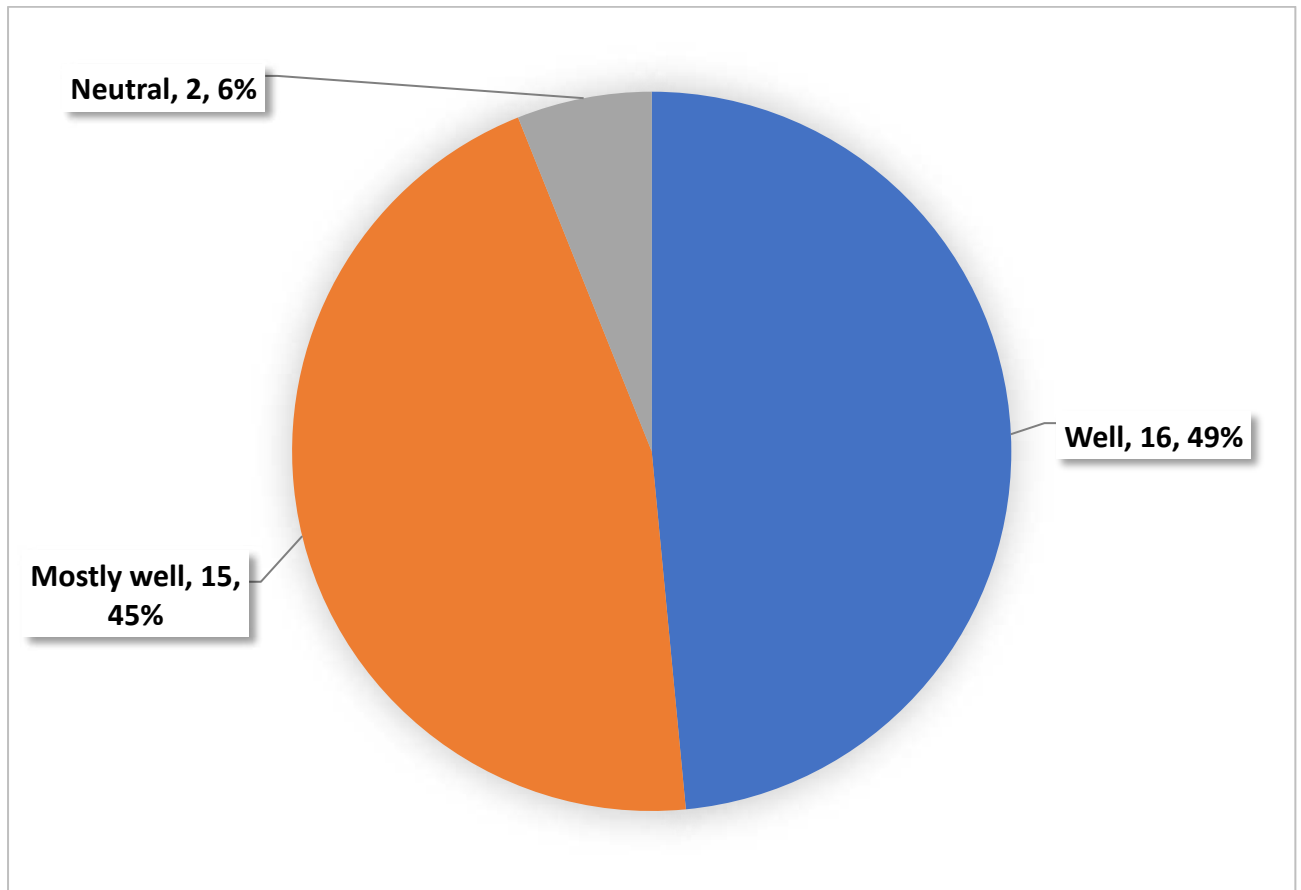
The most common response to this competency was “mostly well” (46%) followed by “well” (36%).



## Competency eight – applying a human rights approach

*“I understand what my human rights are and the rights of my peers. I am able to use my own lived experience to advocate for positive change in my work.”*

The human rights competency was highly-rated. Nearly half (49%) said they carried it out well, and 45% said they carried it out mostly well. Two people (6%) rated this competency neutral. No one said “somewhat well” or “not well at all”.

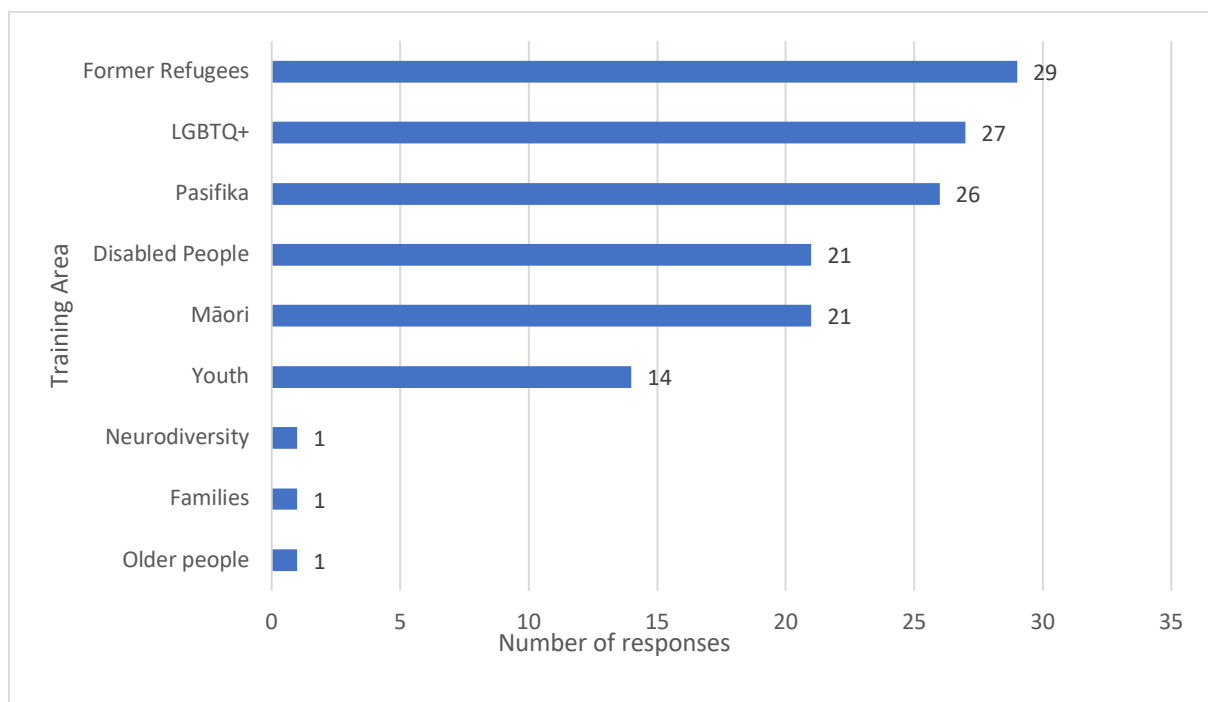


## Training needs

Respondents were asked if they felt they needed more training to better support these groups of people:

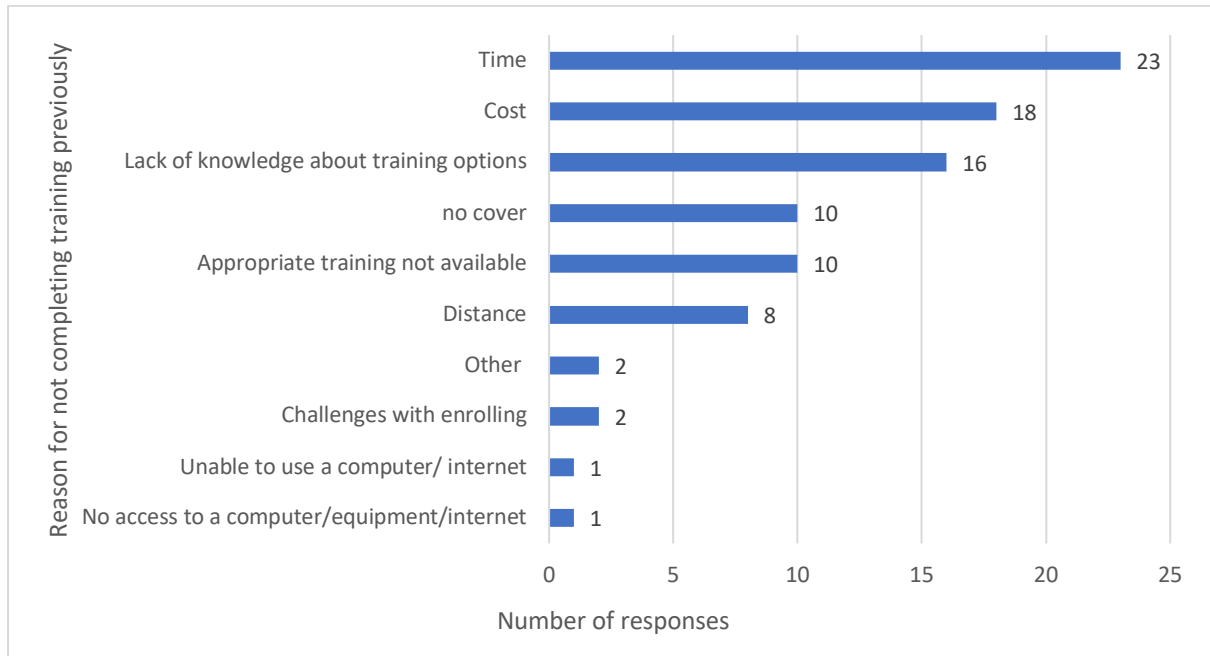
- Māori
- Pasifika
- LGBTQ+
- Former Refugees
- Disabled People
- Youth

This question was answered by 34 people. Respondents could select more than one area where they needed training. The most common responses were former refugees (29 people) and LGBTQ+ (27), followed by Pasifika (26), and then Māori and disabled people (both 21). 14 people suggested they needed training to better support youth. Three people suggested additional groups – neurodiversity, families and older people.



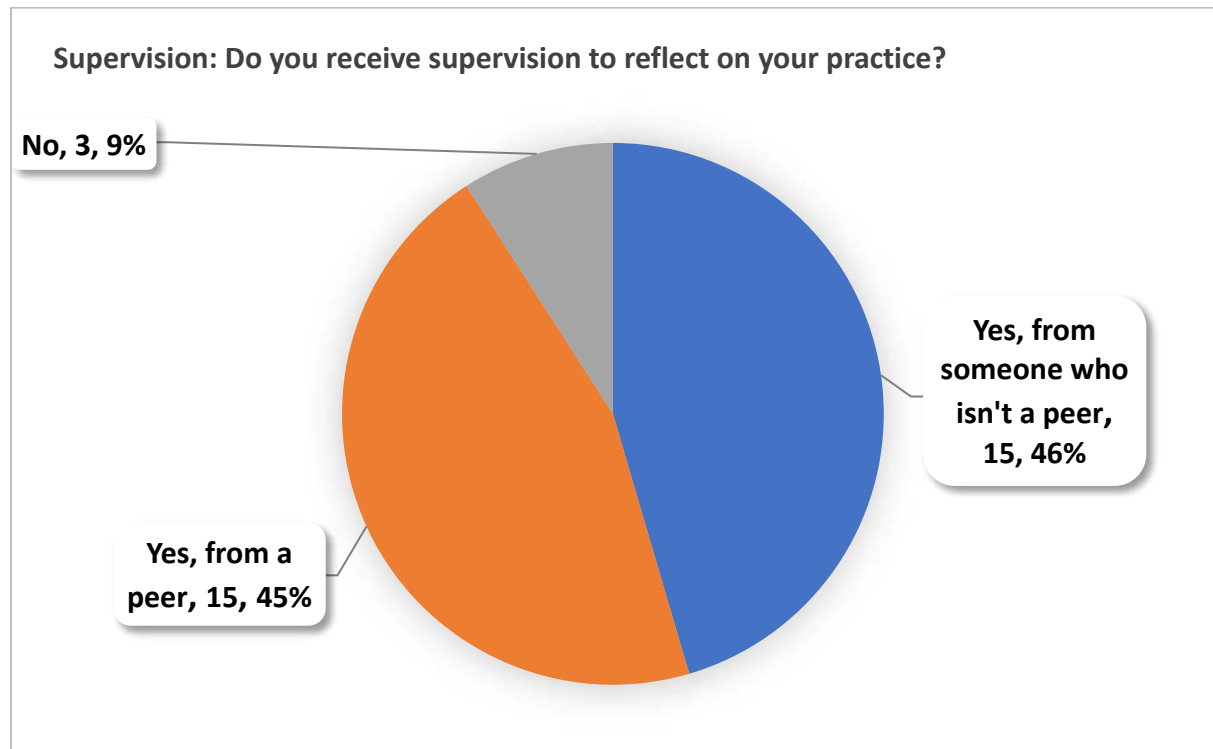
## Training barriers

This question was answered by 32 people. Respondents could identify more than one barrier to training. The most common barrier to training was time (23 people) followed by cost (18). Lack of knowledge about training options was identified as a barrier by 16 people. 10 people identified that 'no cover' and 'appropriate training not available' were barriers.

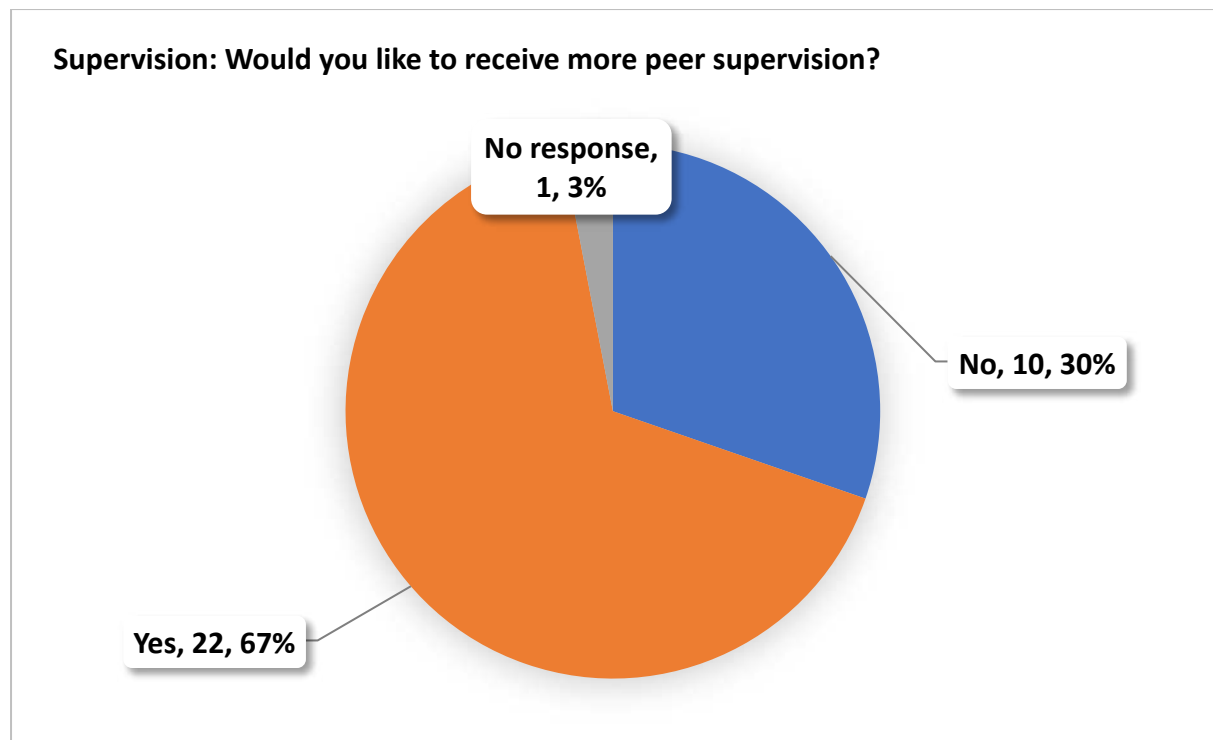


## Supervision

91% of respondents received supervision – almost equally split between supervision from a peer (45%) and from a non-peer (46%). Three respondents did not receive any supervision.



Is thatThere was strong support (67% of respondents) for having more peer supervision.



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