

NATIONAL SUPPORT WORK SUMMIT

Support Work in the Future
Finding the way forward

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Platform

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Te Pou
Ministry of Health

Book of Proceedings

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Wellington

Facilitated by
pattillo

1 MH&A OLDER PEOPLE SUPPORT WORKERS – WORKFORCE DEVELOPMENT

Initiator: Mandy Lacy

Participants: Mandy Lacy, Maree Maddock, Krista Gosney

Key points

- Conflict and Recovery Approach – when people get older
- Lean workforce group – so not many
- Specific Knowledge areas needed
 - i.e. physical and MH&A
 - Older persons health is its own specific area
- NASC agencies won't touch any one with MH&A so that leaves NGOs who aren't providing a specific SW workforce for older persons with MH&A so impacts on provider arm and NGO service interface and delivery

Action Points

1. Career force – develop specific Older Persons MH&A Certificate
2. Workforce Agenda – put on
3. Maximise, support and promote professional development and training to i.e. Residential providers from local specialist/staff within local MH&A for Older Services
4. Employers – support by \$ and time – existing employees to up-skill in the specific of MH&A for Older People
5. Local professional development training calendar to include professional development of MH&A needs of Older Persons
6. Service development of day services for Older Persons with mental health and addictions

2: SEAMLESS SUPPORT - Robin Dibble

Vicky Middlemiss, Mike Burgess, Maria Kean

- Identify people who are important to you
- Everyone is on the same page
- Each person in the team works together
- Process is client driven
- Strengthening families process
- Clear roles, time framed
- Boundaries defined
- Accessing support in crisis
- Early intervention
- Identify the gaps

**3: Creates grass-roots input/influence in the MHS 'system'.
(Grass-roots = client RSW) – Damian Finn**

1. Statistics within the MENTAL HEALTH literature indicate that client input/stories/recommendations are largely ignored. This surely has to be an indictment against a MHS that claims to be there for people experiencing mental health problems.
2. People who were in crisis and now recovered/in recovery are invaluable for their potential input. We need to listen and learn.
3. We need to actually regard the 'strengths' of all within the service, but most particularly those that possibly know most about this experience.

4. THE WORD "SUPPORT WORKER"

Initiator:

Participants: Mike, Diana, Michelle, Helen, Fiona, Emma, Barbara, Denise, Liz, Jannette, Wendy

Key points

- The name itself
 - Sounds lame
 - Does not describe true nature of role

- Not caregivers
- Change name to eg. Practitioners or part of health team
- Community Worker specialising in Mental Health
- A generic description
 - Community Support Specialists

- What future workplace will look like !
- Possible chance of clients choosing support worker.
- Funding, training boundaries

5: Recognising S/W pay while in high positions – David

David, Tracey, Vicky

- Funding by DHB. How much?
- Qualifications
- Job roles
- We are all equal in what role we do?

6. CAREER PATHWAYS – MAORI MENTAL HEALTH

– Aroha Noema

**Michael Thurston, Tammy Tupay, Aroha Noema, Jessica Harris,
Allona Ellsnor, Val Whyte Maris Ab?, Carol Brown**

- Fruit Bursts
 - Te Rau Matatini – developing career pathway framework,
“indigenous”
- Capital Coast has few Maori workers in Forensics
- non-regulated lumped with CSW title
- Maori titles needs accurate definition
 - e.g. kai manaaki
 - source of kai-thinking
 - Caring, growing, support
 - manaaki – giving back
- Process for supervision?
- competencies – Maori support works
- Valued career and qualification
- Organisations need to get ready
- PSA recognition
- Remuneration
- Aligned to other professional groups
- Recognise skills that Maori workers utilise in everyday practice.
- Recognise levels of proficiency in Maori skills
- Training provided – participants and assessors
- Connecting to other professions

7 PROFESSIONALISATION WITHOUT LOSING HUMAN-NESS AND KEY MHSW VALUES AND ATTITUDES

Initiator: Jo Taite

Participants: Jo Taite, Renata Simeona, Brett Hunt, Sheryl Kingi,
Brendon Healey, Cariol Browne, Maree Maddock, Manuela
Unger

Key points

- Progressional as all other MH professionals in the system
- Not a dictator
- Renumeration which enables MHSW to keep doing a job they love
- Keeping good staff, reducing transience
- Boundaries
- Up-to-date skills, knowledge, values and attitudes
- Operational and applicable code of ethics
- Hiring the "correct" people who are capable of fulfilling the job role-responsibility
- Confidentiality and respect for life of the consumer
- Treaty of Waitangi application
- Training – on the job skills, knowledge, values and attitude
- Education – over-arching philosophies, paradigms, models
- Self limits, potential recognition of proximal development, operation within empowerment of person who benefits as well as techniques
- Working within scope – things that go beyond "the consumer", limitations, working within areas and stretching beyond the limitations of what are there
- Professionals should always question true motives for doing what they do; especially when pushing boundaries or rules
- Guidelines which stipulate processing and clear protocols including backing oneself up
- Consistency and inconsistency (?)
- How we work as a team rather than qualifications to provide status
 - Streamlines models
 - Uniform framework
- Learning teams
- Affirmation rather than "NO" which means having the right attitudes. Going that "extra mile"
- Education providing a broader skill base
- Carer, nurturers role has lower status simply because they are not about paper

Action Points

1. Code of ethics
2. Framework which can be used by one and all by is adaptable, flexible and can be personalized and individualized
3. Confidentiality and respect for all consumers

8: Community Support Workers should be an integral part of the multi- disciplinary team and involved in the discharge planning

Vickie Cooper – Comcare

Judy Watene

Robert Coats

Vickie Cooper - Comcare, Ken Thomson - Walsh Trust, Judy Watene - Northcare Trust, Judy Gaylor - Healthcare Trust, Mary - Wanganui, Lynne - AET Auckland, Sandy - CCH, Bev, CCH, Lynda, CCH, Robyn - WHC, Barbara Hendry - Pathways, Vivian Edwards

Issues:

- Unity/getting everyone involved in planning – often left to pick up pieces
- Undervalued
- Lack of clarity re role
- “Forgotten” when reviews occur
- Service users discharged before CSW’s put in place
- CSWs don’t back themselves or don’t understand language at MDTs
- Families’ fear of MDT

Solutions:

- Having clear roles
- Inclusion/positiveness
- Automatically included – advocate
- Service agreements - recognition of CSW role
- More communication with clinicians
- Develop good networks
- Present self clearly, professionally when liaising with clinicians
- Attempt to get closer (proximity) to MDT

8. continued

- ? If funder can assist in increasing DHB/NGO contact
- Ban word 'just' a CSW
- Cherish word "team"
- Clients often trust CSW more than clinicians
- More education, knowledge aware of common language

Issues:

- CSWs being included in PHOs
- More CSWs may be employed by DHBs in future with nurses salaries increasing

Solutions:

- PHOs employing CSWs in practices to increase education/awareness
- Being able to support families.

A description of the role of Community Support Workers developed in 1998 was drawn up. The findings can be obtained by Arataki@igrin.co.nz

9. INFORMATION NEEDS

Initiator:

Participants: Nikki, David

Key points

- Information on agency access
- Information on who are the funding drivers
- Data on how money sent
- Using information in beneficial way
- Resources and technology for NGOs
- Web-based systems for easy access
- Need for concise reports- simple language
- Information over time – trends
- Gathering only useful information

10 BENEFITS OF BEING A UNIONISED WORKFORCE

Initiator: Richard

Participants: Murray Crawford, Brett Edwards, Teresa Hogg, Maria Sibley, Liz Bowman, Vicky Futter, Doug Alderson, Mike Williams, Brendon Jarvie, Gaye Keatly

Key points

- Less fragmented
- Many voices needed to be heard – giving support workers one voice
- Working conditions vary widely region by region
- Better regional and national representation

Action Points

1. For the PSA to work with other unions
2. Union support towards a support worker association
3. Arranging regular consultation through conference calls
4. Looking to arrange a hui with interested parties to move forward with association plans with SWANZ input
5. Look at working with SWANZ to create a platform for future membership and better representation

11. CHILDREN

Initiator: Roseanne Waters

Participants: Robyn Bruning, Erin Legg, Kerry Bradbury, Kirsten Philipsen, Linda Brooking, Janet Derham, Roseanne Waters

Key points

- Co-ordination – things need to be directed
- Forming friendships
- Siblings
- Special diets
- Training
- Supporting parents with illness
- Supporting the child with mental health issues
- Supporting staff to have appropriate training
 - Corpac Trust – Budget Advisory Service
- More funding for 0-18 tendering
- Children having to take adult responsibilities
- Teenagers wanting to have a support group
- Liaising with other services
- Mechanisms
- Children dumped on CHYS doorsteps
- Stigma and education
- Teachers educated
- Specialised teachers

12: Psychotherapy: Krista Gosney

Brent Hartshorne

(Both under GP care and using psychotherapy – both consumers)

In Australia, the SANE Electronic Newsletter reported in December 2006 that all mental health clients accessing the public health system now have automatic right to counselling and psychotherapy without question.

Why is this not happening in New Zealand if we really have a Recovery Orientation? Many roadblocks and obstacles are put in front of consumers by WINZ regularly in New Zealand

We qualify counsellors and psychotherapists as being qualified completely by their professional associations in New Zealand and holding relevant tertiary qualifications.

13: PRACTICAL LEADERSHIP AT THE COALFACE LEVEL –

Maria, Martha and Melinda

Craig – CLT, Sharon – UCOL, Huia Haunui, Melinda Gama, Lena Walker, Damian Finn, Robin Dibble, Lyn Messervy, Gay Keatley, Sandy McCuan, Maria Dibley, L. Hakiwai.

PAY RECOGNITION

- Transparency between
 - Team Leader with Team
 - Management with Team Leader
- Team Leader – Management building/fostering team togetherness – motivation
- Grooming team members to leadership roles

14. POST-NATAL SUPPORT

Initiator: Sandy Burwood, Dee Podewin

Participants: Anne Rourochkin, Mary McGregor, Diane Richmond, Babe, Robyn Goldsmith, Di McMillan, Vicky Middlemiss, Deborah, Liz

Key points

- Respite care "What are '**we**' going to do today?" as opposed to "What can '**I**' do for you?"

Ideal :

- How long should stay be? 7-10 days, but should be woman's choice
- Mothering skills needed while in hospital especially younger girls or older ladies
- Mother and Baby Unit for mother to stay with their baby – bonding/mothering
- "Role" strain – mother/worker/hostess - "Superwoman"
- Plunket Service needs to be introduced again – visits in the home for 6 months
- Paid maternity leave so women don't feel the pressure to go back to work so quickly

Action Points

15: Good Self Care for CSW – Nikki

Vivien

Nicki

- If working from home/create barrier between work/home
- Walking/tranquil places
- Take regular/small breaks
- Take meal breaks (longer)
- Do creative things
- Pace myself/keep check on amount of workload
- Maintain contact with friends
- Talk/share with colleagues/family
- Fun/relaxing time – often
- Regular external supervision

16 . REMAINING POSITIVE AND PASSIONATE IN THE SUPPORT WORK ROLE

Initiator: Andrea / Angela

Participants: Andrea, Angela, Lindsay, Nikki, Carolee, Vicky, Linda, Bev, Michael

Key points

- Being valued in your workplace
- Supervision with professionals
- Manager's belief in support workers
- Being appreciated as support workers
- Training, external
- Peer support within team
- Celebrating successes, achievements of clients
- Passion as an organization
- Self care, regular supervision
- Listening, reporting, communication
- Trust within team, clients and within team
- Attitude
-

Action Points

17: Affirming the team I work in – what can I do?

- John Heslop

Jenny Campbell, Corallee Newcombe, Di McMillan, Tammy Tarpey

- Recognise and value and use different personal strengths in the team
- Question source of conflict not the person presenting it.
- Respect other team members' perspectives and personalities, even if it is not our view.
- Celebrate successes and have fun together, including social events.
- Work collaboratively with flexibility of work roles to ensure the service is continuous.
- Team meetings need to be team building, not just business.

18: SELF ACCEPTANCE – Di McMillan

Jenny, Coralee, John

1. Valuing own life journey
2. True and honest to self
3. Client pick up genuine stuff
4. Nature of work:
Individual decisions – one on one
Self awareness
Own emotions – help peer support
Share
5. Value wisdom
Inner strength – wisdom
Insight – self learning
Deal with own abilities and own weakness – not negative – real
Recognise appropriateness
Talk – peer support.

19. PEER SUPPORT - SUPERVISION

Initiator: Maria Kean

Participants: Carolee Newcombe, Mike Burgess. Liz Brown, Helen Sue, Emma, Babe, Mary, Lena Walker

Key points

- Team work
- Open minded
- Safety in divulging
- Going home with a clear head
- Switching off from work
- Attitude, ok to disagree
- Asking for guidance
- Not isolating
- Self awareness

Action Points

1. Important to off-load for our own mental health

20. CONSISTENCY OF CARE IN CLINICAL SETTINGS

Initiator: Bev

Participants: Linda, Amasone, Fritz, Mike, Bev

Key points

- Staff slitting
- Boundaries
- Routines
- Schedules
- Knowledge of clients and treatment plans

Action Points

21 PEER SUPPORT – CONSUMER DRIVEN

Coralee Newcombe, Mike Burgess, Liz Brown, Helen Sue, Babe, Mary, Lena Walker

- Empathy
- Recovery journey is shared
- Insight
- Walking the walk
- Reassuring to hear it from someone who has been there
- Client driven support groups
- Valuing the experience, not the labels
- Empowering
- Service users are celebrated by sharing their journey and are role models for other consumers
- Individual choice
- Actively seek ex service users to the role of support work

22: SUPERVISION

S Crombie

Liz Bowman, Linda Brooking, Robin E Dibble, Vickie Cooper, Sharon Crombie, Carrol Browne, Ken Thomson, Barbara Hendry

- Some people took off when we mentioned the word!
- Some people do not know what it is?
- Outside, neutral person
- Safe Important
- Funding needed
- Types – good team leaders can mentor, debrief etc but staff need access to neutral supervision
- Funding – ways to keep cheaper
- Having a conversation about what sort of “supervision” mental health support workers need?
- Models are different – some nursing/social work etc counselling
- “Should be best practice”
- This industry needs to do it itself – have the conversation
- Demystify it
- We all love and value supervision

23: The Stigma of Mental Health

Vicky Futter and Erin Legg

Glenys Geytenbeck, Martha Davis, Dianne Howat, Michelle Brown, Andrea Leonard, Angela Briggs, Maria Sibley, Babe

- People's horror at your job as a mental health worker e.g. I don't know how you could do that!!
- Do people really understand mental health? It's all about educating the community. Help the community not to be scared of mental health.
- Like Minds Programme/Workshops/Seminars are great. The advertisements are doing great job with educating society.
- Judgmental society – bringing children up around mental health is good as they learn that it's OK to be different.
- Support workers have found that when they go out shopping etc with clients, the person serving them ignores the client and talks over them. They tend to talk to the support worker rather than the client actually buying the goods.
- People who offer accommodation – who won't take people with a mental illness need to be educated.
- Insurance companies that won't insure consumers because of a prior history with mental illness.
- Once you've had A&D issues, there are problems getting insurance – it's called discrimination!
- We think that the Like Minds, Like Mind project needs to be educating in schools about mental health. Also about A&D issues to the youth.
- Education!
- Training!
- Police need to be trained as well
- People are scared because of ignorance.

24 . EMPOWERING FAMILIES STRENGTH MODEL

Initiators: Sue, Jenny, Mark, Manuela

Participants: Sue Campbell, Jenny Campbell, Mark Cowan, Vicky Cunningham, Manuela Unger, John Heslop

Key points

- To develop skill base – to not do things for clients but develop independence
- All services work from same model (NGOs and DHB, etc)
- 'Strength Model' empowering and proven to work (Us, Timaru, Northland)
- Link families/whanau automatically with 'supporting families' – wrap around service to avoid isolation for client and/or family – foster independence
- Listen to client/family about **their** knowledge re community resources – how they coped so far – 'value in the wisdom of families'
- Education re stress, - who should give it? Psychiatrist only? Support workers?
- Interactive education models possible (some support workers do this)
- Client accesses resources re illness information as much as possible themselves – worker might refer to sources of information – if person does not want to and/or is not ready refer to family (do same with them)
- If family member does not want to engage the service (co-op recovery with partner) it needs to be worked through that 'the work' is a combined effort
- Support workers are fosterers of change and **note** :
 - Housekeepers
 - Taxis
 - Shoppers
 - Co-ordinators of the person's life

Action Points

NOTE: Attachments

25:

**Val Whyte, Mike McAlevey, Vivien Edwards, Denise Kent,
Brett Edwards, Janet, Brent Hartshorne, Julia Vaatuitui,
Deborah Barraclough**

- Body of knowledge: education
 specialized knowledge
 community knowledge
- Defining the role of support worker
- Classroom preferred way of learning – mixed with hands on
- Registration/code of ethics/disciplinary
- Representation professional group
- Career Pathway development
- Research essential for body of knowledge
- Student needs are understood
- Difference between training and education

26: RESPITE RETREATS – Amanor Ellinor

**Dee & Sandra - PNP Support Group Auckland, Krista – Walsh
Trust Auckland, Judy – Northcare**

- Introduce complimentary therapies – aromatherapy, massage, reflexology. Available fully-funded to consumers – for 2 days – 2 weeks in a peaceful rural setting.
- Having a veggie garden – to provide skills and food for consumers – hands and back to the earth
- Life skills path – learn the basics – how to grow/provide food, pampering – make up samples, recycling clothes.

27 . TAKING RESPONSIBILITY

Initiator: Barbara Hendry

Participants: Glenys Geytenbeck

Key points

- Look at situation / self reflection from different angles
- Do your best to change it/evaluate/leave
- Take issues to people who can help
- Acceptance / then move forward
- Self-care
- Seeking out opportunities
- Valuing the people you work with
-

Action Points

28: LET'S GET REAL – Maree Maddock

Mandy Lacy, Barbara Halliday, Doug Alderson, Johan Van Beet, Tracey Hoff, Kirsten Philipsen, Carrol Browne, Mike Williams, Brendan Jarvie, Barbara Hendry.

- Let's Get Real framework discussed, outlined.
- History – key MOH, workforce development project building on recovery competences and common capabilities project – Midland took a professional development approach.
- A 2-year project and has informed the Let's Get Real Project – manual produced, trainer guide. 12 competencies that can now integrate into Let's Get Real competencies.
- For information, contact Mandy Lacy – Midland
- Let's Get Real consultation documents
- Support workers not familiar with the new framework
- Issues identified in current document relating to support worker and performance indicators – essential, practitioner leader indicators.

ACTION POINTS:

- An opportunity to comment on the consultation document by October 2007
- Careerforce analyzing the impact of 'Let's Get Real' on the National Certificate and National Diploma in Mental Health
- 150 consultation documents and frequently asked questions distributed

29. WHAT ARE TRAINING AND PROFESSIONAL DEVELOPMENT NEEDS, NEEDED TO IMPROVE OUR ABILITY TO CARE FOR, AND SUPPORT OUR CLIENTS?

Initiator: Renata Simeona

Participants: Renata, Jo, Brett, Robert, Fiona, Emma, Brendon, Kerry, Wendy, Jannette, Mavis, Melinda

Key points

- Lack of FTEs and qualified or skilled staff
- Training in D&A and being 'street savvy' – D&A!! smells, signs, signs
- Learn or trained in how to deal with the individual needs
- Skills in forming relationships
- Extending existing skills through mentoring in the workplace and shadowing
- Osmosis
- Learning from people who already have been in the job and understand and have the knowledge
- Team building / Peer or team support / supervision (without the team leaders)
- Training legitimizes skills one already possess
- Being able to see and do the practical rather than just the intellectual
- Computer training
- Workplace education
- Sometimes when you are stuck in the middle you can't see what you need - you need someone to look from the outside in and tell you
- Great to have qualifications and skills at ground level to be able to move up into management and have an understanding of how it is to do the job
- Group dynamics / working effectively as a team
- Dealing with challenging behaviours
- Facilitation of effective meetings
- Working with families / whanau
- Documentation and clinical language
- Utilising community
- How to build a support system
- Presentation skills
- Teaching team leaders to monitor and encourage the training to be used
- Consumers teaching the CSWs
- Understanding addiction
- Boundaries – how far do you go?
Impacts of abuse and trauma
- Behaviour vs. Illness

- Critical reflection
- Hearing from consumers 'This is what I need from you!!'
- Following up policies
- Role plays
- Secondment or service swap for a few weeks
- Registration
- Three years for registration – too long to be in MH
- Specialisation in Registered MH Nurse
-

Action Points

**30: CHANGES IN OUR WAY OF LIFE AS A SUPPORT WORKER
AND CLIENT – Tracey H.**

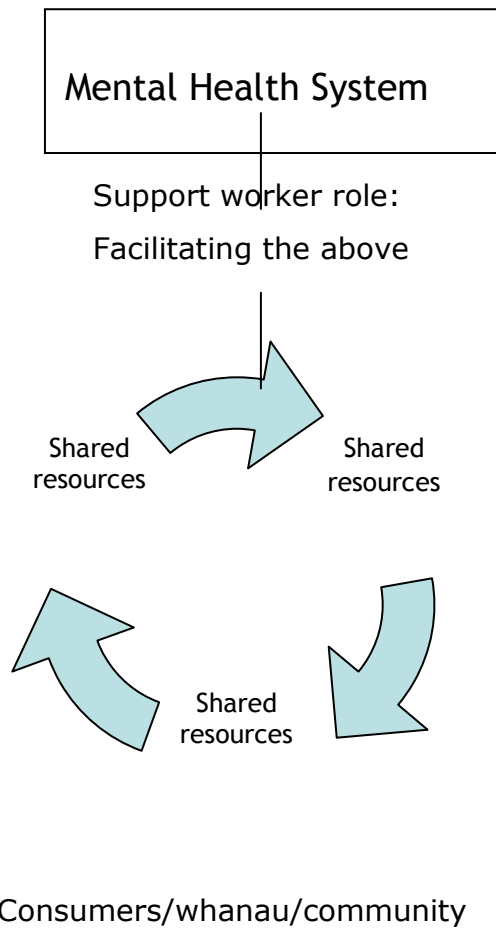
Mary, Diane

- Do we need a job description as a support worker?
- Change lives of Government
- Changing lives of a consumer is giving them more chance in life.

31: WHANAU EMPOWERING – Huia Haunui

**Bondi Cotton, Rankin Herewini, David Koto, Mary Ah Kuoi,
Jessica Hemi**

- How do we support individuals, whanau, communities to come together in support of each other i.e., education, resourcing empowering.



32. PEOPLE / RESPECT OF THE INDIVIDUAL

Initiator: Teresa / Sandy

Participants: Teresa Hogg, Tammy Tarpey, Sandy McCuen, Murray Crawford, Anne Kourochkin, Robin Goldsmith, Cheryl Kingi, Keith Cassidy, Amesoni Leapi, Lineta Williams, Bev Hansard

Key points

- Mutual respect
- Recognise when your involvement with them is not moving forward / or no longer positive
- Whatever we do is the best that we could do for the best outcome
- Working alongside
- Planting seeds – suggestions
- Working with the basics of social interaction, social contact
- Enriching life
- No respect from employers – eg. Not hearing about this Summit till the tenth hour – No one knew about it from CCAHB and PACT group
-

Action Points

33. DUAL DIAGNOSIS

Initiator: Rankin

Participants: Rankin, Liz Bowman, Krista

Key points

- Clients may have both problems
- Most providers not funded for both diagnosis
- Not enough training for Dual Diagnosis (DD) clients and workers
- Definite need to SW to be trained in both areas
- Where do DD support workers get their support?
- No compulsory act for clients to get off drugs! Mental Health Act if you have mental health problems
- Growth industry!
- Work parallel with CMH teams, CADs, etc

Action Points

1. Combined Case Management
2. Better training
3. More training

34. PACKAGE OF CARE (POC)

Initiator: Kerry Bradbury

Participants: Ken Thompson, Cheryl Kingi, Damian Finn, Mike Burgess, Robert Coats

Key points

- Unknown territory - different role
- Flexible hours – how realistic? – day/night
- Stressful
- Hours fluctuate – freedom of time – no limitations
- Dual SCSW – Package of care – juggle case load
- Client can't handle the number of hours
- The need to share POC
 - because of length of hours
 - vacation
 - sick / training
 - quite nice to have different person come
- Certain stipulation in the package from the Clinical Team
- Sometimes left to the CSW
- SSW wants to be involved in the early planning
- Risk assessment clear
- Flexi funding
 - Internal process
 - Sometimes not clear how much money is allocated to each client
 - Get a quote/receipt
 - Available for setting up a flat
 - What does this client need and have exhausted all other means
 - Something that can reduce stress for client
- Review process every 3 months – good for client, clinical team, CSW
- Good quality of life for the client

Solutions:

- Need to have casual support workers to do maintenance role
- Using agency

35. MOTIVATION / PROGRESS

Initiator: Robin

Participants: Robin Bruning, Jenny Campbell

Key points

- Story telling – what motivates people to tell their story? It is a reflection of their journey. It recognizes progress and motivates further steps.
- Identifying the key motivators that bring progress:
 - Little steps towards progress
 - No set steps or timeframes to adhere to
- Being responsible to their needs
- Need to have the internal desire to want to change (Motivation)
- Belief / Self esteem / values and recognizing that we have something to contribute
- Once you see progress, you are more motivated
- Patience and tolerance to be non-judgmental in accepting that individual timeframe/goals are all different
- Recognition and celebration of progress
- Encouragement and affirmation offered in order to be motivated therefore to progress
- Relationships between support worker and consumer with family / *whanau* / friends is considerate for progress to be made so that they are well supported
- Being open to surprises, looking for and taking the initiative
- Planting seeds and waiting patiently for germination

Action Points

36. SAFE AND BEAUTIFUL ENVIRONMENTS

Initiator: Robyn Goldsmith

Participants: Maria Sibley, Amana Ellinor, Lena Walker, Vicki Middlemiss, Liz Bowman

Key points

- People should be able to live in a peaceful, attractive environment when they are unwell, **not** shabby ugly places
- These places create a sense of respect and dignity for all
- It can be helpful to go to a different geographical place for respite care, to get right away from home
- All people with mental illness should be entitled to 12 or more respite days a year if they wish
- A vision of a residential, beautiful place where people can share activities and learn new skills and be on a big piece of land – grow vegetables, learn crafts and living skills, learn new behaviours
- We need places for children where they can be taught how to live in new and positive ways.
- Children need to be included in recovery
- Beauty supports healing
- Find a lonely millionaire who wants to set up beautiful places up and down the country
- Find builders, designers, landscape designers, and other businesses who would support such places
- Have multi-disciplinary teams attached to each facility
- There could be funds to attend so that ill people could have retreats

Action Points

37. SCHOOL FOR RECOVERY

Initiator: Kirsten Philipson

Participants: Brett Hunt, Craig Shilton, Carrol Browne, Roseanne Waters, Renata Simeona, Jo Taite, Mike Burgess, Glenys Geytenbeek

Key points

- School/Activity Centre community instead of school
- Not exclusive but inclusive
- Co-operative, Collaborative
- Problem of re-integration into community means better to support them in current setting
- Once people have a good experience of learning to do things differently and in ways of keeping well that they have ongoing support for as long as they choose.
- When they are walking independently to have the freedom to come back for more support if they need it
- Young "teachers"
- Cultural appropriateness
- Getting funding for a different ----- *blank*. *Could it be:* approach (?)

Action Points

1. Teachers to be more educated in mental illness
2. Any solutions need to be short-term to avoid problems of re-integration

37: School for Recovery

In 2014 all consumers are living in the community with support.

Many young consumers need to and want to learn the basics skill to live independently. Often it is hard to learn and take them long time. To have all the basics skills will make life much easier for the young person and the consumer will be able to concentrate on realising their potential, their dreams.

The school is a boarding school. Wellink Trust buy a nice big place with 40 single bedrooms, 4 class rooms, facilities for indoors and outdoors creativities, and with a nice big garden and a huge space for growing vegetables and keeping animals.

What is the school for recovery.

THE SCHOOL offers education and experiences for young people with mental health issues from all over the country.

THE SCHOOL is education and practical living for young adults. It is an education for/to recover.

THE SCHOOL is a "Practical Theoretical Basic Education". The students at the school learn to use both their heads and their hands - and not the least: their hearts.

THE SCHOOL can also be described as a peaceful and active environment, a firm base, where young people aged 18 – 25 can share life for 3 to 6 month, regardless of their social and cultural backgrounds depending on their individual plans and needs. They live, study, work and do activities together.

Some students arrive with a positive outlook on life, confidence in the future, courage and others come with different problems that they would like to put behind them, could be family problems, drug related problems or poor social skills. What they have in common is they are all young people with experience of mental illness.

Together they create a positive youth environment, where it's fun to be, and where there's room for everybody's oddities. This means no drugs, no alcohol, just real fun...

The subjects:

Domestic:	Cooking	Cleaning	Gardening	Maintenance
Creative:	Music	Drama	Art	Dance

2007 National Support Work Summit
- Support Work Now and into the Future

Theoretical: Math Language Physics Social
science History
Physical: Sport Gym Aerobic Yoga

Health:
 The road to recovery for each and everyone
 What does the medicine do to me? What can I do about it?.....

The students learn from individual studies, class lectures and experiences.

The students and the teachers do all the daily tasks.

Tasks as: cleaning, cooking, gardening, maintenance feeding the animals

The rules.

1. You must take an active part in the programme.
2. You can't smoke marijuana or do other drugs.
3. You can't drink alcohol.
4. You can't be expelled.

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- Time framing is different – “Island time” not programmed – need to cater for NZ born
- Respect for parents – don’t want to gain disapproval

Solutions

- Family nights – separate families from service users
- Awareness of other Pacific Island groups – connect, form workforce, look at what/how services need to look like for funding
- Provide “expo” education groups
 - At primary care centre - more acceptable taking services to PHOs –health promotion
 - Mobile teams – working alongside churches
- *Fonefale* model (meeting house)
- Families need ‘navigating’ roles/ understanding systems
- Normalising – finding ways of connecting
- Mental health foundation have excellent reading resources
- Look at system – see why it is not working

Action Points

39: QUALIFICATIONS – Tammy Tarpey

Mary Rangi, Judy Gaylor, Babe Maniapoto, Janet Derham, Brett Edwards, Brencon Healy, Bondi Cotton, Sharon Crombie, Mike Thornton, Kennedy McLachlan, Angela Briggs, Emma Ruesnik, Helen Sue, Mark Conon, Sue Campbell, Nikki

- How do people want the future qualifications to look?
 - content
 - format
 - where to be offered
- National Diploma ready for 2008 – probably mid-year 2008 entry
- ? Funding from MoH for National Diploma
- How does it fit in with the industry.
- Importance of National qualifications.
- Current NCMHSW has no forensic component, but the learning can be adapted to meet different learning needs
- Cohesiveness of the qualification
- Recognition of prior learning or prior competency
- Possibilities of specialist strands within qualifications – flexibility of delivery in specialist areas.
- Recognition of qualifications in pay
- NC is a baseline – then needs specialist areas to follow on.
- Is there a need for a lower level 'introductory qualification? Certainly a need to support study skills – feedback suggests Level 4 hard to do at first, then becomes easier
- Support is essential from others, including support from the workplaces, Polytechnics, PTE etc
- Training offsite v. on site – bit of both is important.
- Industry leadership – one of the roles of the ITOs
- Course can definitely be adapted to fit all different areas of learning.

40: SWANZ

History of SWANZ and scope of SWANZ

- SWANZ started in 2001 and moved into being a professional body incorporated SWANZ in 2004.
- Regions throughout New Zealand including support workers from DHBs not for profits and including support workers full and part time.
- SWANZ has created a business plan and the executive meet once a month and they're undertaking a membership drive and giving regions the opportunity to look at a constitution.
- Interest in developing a scope of practice for all and look at the professional competencies.
- Newsletter
- Encourage people to provide email addresses to be part of the SWANZ network and increase membership and provide information on job vacancies.
- SWANZ is recovery focused and looking to pursue registration for mental health support workers under the HPCA.
- Mental health common web page on the mental health website and on SWANZ. They require feedback.
- No matter where you start, either forensics or in the community, still working towards recovery.
- Questions about why support workers would want to be registered having skills and protection of/recognition of the role acknowledge need for flexibility and recognise a need for support workers to have a good grounding and an understanding of the context.

**41. EXITING CLIENTS WHEN THEY FEEL THEY ARE READY, NOT
WHEN WE WANT THEM TO**

Initiator: Deborah Barraclough

Participants: Teresa Hogg, Anne, Deborah, Tracey, Mavis

Key points

- Support in place ?
- Accommodation arranged
- Exiting – Moving Document – Pathways
- Happens too quickly sometimes, then need respite
- Care package
- Follow up
-

Action Points

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FINAL SESSION

Chunky choices:

1	3
2	11
3	3
4	13
5	0
6	0
7	32
8	32
9	3
10	31
11	8
12	7
13	17
14	15
15	6
16	20
17	2
18	3
19	
20	2
21	7
22	18
23	20
24	10
25	15
26	11
27	1
28	7

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29	18
30	0
31	17
2-1	5
32	8
33	
34	
35	
36	
41	1
Package of Care	0
SWANZ	20
Motivation and Progress	9
Dual diagnoses	8
Educating pacific island families understanding mental health	5
Safe and beautiful environments	12
Qualifications	30
School for recovery	7

Anne suggested these were favourites:

- Professionalisation
- A need to look at qualifications
- A need to look at acting together as a unionised workforce
- CSW being an integral part of an interdisciplinary team including discharge plan
- Practical leadership at the coalface
- Whanau empowering
- Training and professional development needs to improve our ability to care for and support our clients.
- better supervision
- Post natal support

One word at close:

- | | | |
|----------------|--------------|---------------------|
| • inspiring | • great | • awesome |
| • cooperation | • fabulous | • informative |
| • friendly | • hilarious | • connected |
| • ditto | • full | • inspired wow |
| • uh uh | • validating | • invigorating |
| • enlightening | • connecting | • powerful |
| • grow people | • fun | • empowering |
| • butterflies | • refreshing | • magic |
| • inclusion | • wonderful | • shocked out |
| • thirsty | • developing | • love it |
| • bumblebees | • excellent | • respected |
| • encouraged | • sunny | • fun fun fun |
| • informative | • fantastic | • together |
| • exhausted | • focused | • positively |
| • uplifted | • privileged | Wellington |
| • enjoyable | • enriched | • thanks for coming |
| • fun | • unity | • relieved |
| | • fantastic | • whatever |

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- passionate
- stimulating
- choice
- privileged to be a part
- cool
- thank you
- humorous
- young
- good
- grounding
- creative
- food great
- good on support workers