

## NGO Development Strategy: Mental Health

... *building strength and quality*

### Newsletter: August 2006

#### Welcome

Welcome to the August 2006 NGO Development Strategy newsletter.

In this edition we present results of a comprehensive NGO mental health sector Training Needs Analysis undertaken to guide training provided by MHCC.

Accompanying this newsletter is an Expression of Interest form for contractors interested in providing training and/or assessment services for MHCC in 2007.

Additionally the newsletter provides information to help mental health NGOs engage with the complexities of vocational education and training (VET).

We also present findings of a discussion paper investigating issues surrounding the measurement of consumer outcomes in the NGO mental health sector.

We wish you the very best of success in the valuable work you are undertaking.

#### Inside this issue:

NGO Mental Health Training Needs Analysis.....Pg. 1
Measurement of Consumer Outcomes .....Pg. 2
Glossary of VET Sector Terms .....Pg. 3
Traineeships in Mental Health Work .....Pg. 4
Contact details .....Pg. 4

#### About the MHCC ...

The Mental Health Coordinating Council (MHCC) is the peak body for non-government organisations (NGOs) working for mental health throughout New South Wales (NSW). MHCC's membership includes NGOs, both specialist and mainstream, and other bodies interested in mental health.

As the peak body for NSW, MHCC aims to provide leadership and an independent public voice on mental health issues. We facilitate effective linkages between the government, non-government and private sectors acting as the liaison body representing the views of our membership.

#### NGO Mental Health Sector Training Needs Analysis

MHCC has undertaken research into the training needs of NGOs in NSW providing mental health services. Managers of MHCC member organisations were asked about vocational training in their agencies. This was followed up by phone interviews with carers, consumers and managers. Additional input was provided from meetings with the MHCC's Board of Directors, MHCC's Workforce Development Reference Group and Housing Accommodation Support Initiative (HASI) providers.

Information gained from this research will be used to inform training MHCC will offer when it launches its Learning and Development unit in February 2007.

149 surveys were distributed with 53 returned. Excluding member organisations without staff (e.g. consumer and carer organisations), the response rate was 42%.

The Needs Analysis aimed to determine training needs of NGO workers who:

- Provide mental health services;
- Manage or support those who do;
- Provide other services to people, some of whom have a mental illness.

So as to determine if:

- There are gaps in training provided;
- MHCC should develop its own training program; and

- If so, what the content, structure, etc of the training program should be.

The survey asked questions regarding:

- Organisational details
- Recent staff training
- Workforce skills and knowledge needs
- Barriers to training
- Minimum standard qualification
- Non-clinical MH Traineeships
- Role of MHCC in workforce development
- Current workforce qualifications

#### Findings of the Training Needs Analysis

##### Qualifications:

Managers are highly qualified

- 96% had tertiary qualifications (54% at university level)
- 60% attended training in the past year
- Average of 14 years in industry

Staff are less qualified

- 70% had tertiary qualifications
- 68% were not mental health specific
- 5% have Cert IV Mental Health Work
- 50% attended training in the past year
- Years of experience was not explored

##### Training:

- Most agencies undertook training in past 12 months.
- Most training intro level short courses .

- Larger agencies had greater capacity than smaller ones to train staff.
- High demand for training in mental health over next 12 months .
- Most agencies face barriers to training such as time, cost and backfill.

**Traineeships:** Few agencies (22%) currently employ trainees of any description, but most (67%) would be interested in employing a mental health trainee if option was available.

##### Voluntary Minimum Standard:

Most respondents would like a minimum standard, noting it would enhance credibility and ensure minimum competency .

##### Size of the Sector

Estimated full time equivalent staff employed by MHCC member organisations:

- Total staff: 2,500–3,000
- Mental health staff: 1,500 - 2,000
- 44% of agencies utilised volunteers

##### Funding Sources:

- 54% NSW Health (or AHS)
- 30% DADHC;
- 22% FaCSIA ;
- 22% Private ;
- 14% DoCS;
- 8% DEWR; and
- 6% DHA.

A more detailed report will shortly be available on MHCC's website.

## Quality and Outcomes

# What Difference Do we Make?

## NGO Development Strategy addresses measurement of consumer outcomes

A (must read) MHCC Member discussion paper will be launched this month, *Mapping the Difference We Make: Non government organisation use of routine consumer outcome evaluation in providing mental health care in NSW*. The paper is for discussion by boards, management committees, managers, quality managers, consumer leaders and program coordinators and staff of NGOs. It is also meant to be read by policy makers and funding bodies. Site visits are being offered with the author to feedback Member views to MHCC.

The paper was commissioned after Members met to discuss this topic in July 2005 at the MHCC Outcome Forum held at Petersham. That meeting showcased how around 10 NGOs are using outcome measurement routinely to help tailor programs. Many reported that the worker-consumer relationship could be improved by using outcome measurement tools. Further, outcome tools had been found to enable NGOs to be more precise and structured about planning care for individual consumers and meeting consumer needs. The paper debates through the many questions outcome measurement raises for individual NGOs:

- How has outcome measurement been used by NSW NGOs and by NGOs in other states and territories?
- Do consumers want NGOs to offer outcome measurement?
- For which kind of NGO programs is outcome measurement appropriate?
- Should NGOs offer the same or different measures to those used by public mental health services under MHOAT ?
- Is it hard to use outcome measures and do staff members need to be trained?
- Are there risks to an NGO if applying a system of outcome measurement?
- What kinds of outcomes do NGOs

try to influence? Which tools are useful?

- What if you are a HASI provider or a partnership program?

It then asks strategic questions about the role of outcome measurement to NGOs as a system of organisations, especially in relation to quality improvement and planning:

- What does the literature say about NGOs using outcome tools in resilience, recovery and rehabilitation contexts in Australia and internationally?
- Are there tools that NGOs have developed themselves or recommend?
- Is there a role for mental health consumer outcome measurement for generalist NGOs or only mental health (specialist) NGOs?
- Just because all public mental health services in Australia have been using

*“Different ways of approaching outcome measurement in NGOs may be needed if NGOs are to seed outcome measurement into the program logic of their organisations.”*

outcome measures for 5 years should NGOs necessarily do likewise?

- What has been learned by psychiatric disability support NGOs in Victoria who have been using outcome measures since the early 1990s?
- Should NGOs work up agreement to try at least one or two common measures of outcome so they can share de-identified information about who uses NGOs and the difference the NGO sector makes in the lives of consumers?
- If more NGOs agreed to use outcome measures, should the information be shared and if so, who would manage this, would government support it, and how would the information be used by individual NGOs and by MHCC?

- Could this information *really* help NGOs to stay relevant and help consumers achieve better health and better life quality?

These are all important questions in part answered by member input since the paper also reports on the member survey on outcome measurement. However, because the survey did not hear back from all NGOs, it recommends that more effort is made to listen to NGO and consumer views on outcome measurement. It takes the view that different ways of approaching outcome measurement in NGOs may be needed if NGOs are to seed outcome measurement into the program logic of their organisations. At the same time, at least one common tool has been suggested for those NGOs with an interest in adopting outcome measurement for the first time. A common tool makes it easier to support applying outcome measurement with integrity so that outcome measurement actually informs practice.

Ultimately the paper suggests that we cannot answer the question, ‘what difference do we make?’ with clarity at present since neither outcome measurement nor research and development is widespread in the sector. Furthermore, it proposes that NGOs wishing to be able to answer that question for their own programs should be assisted and supported to do so through considering an outcome measurement program.

MHCC has resourced a part-time team to meet with NGOs to explore the document and to seek member response: Ms Melissa Kym and Ms Marika Burgess are Social Work students from Sydney University and Jonine Penrose-Wall, research and evaluation consultant (JPW Results) can be contacted by Members through MHCC. A consumer consultation, a reference group of Members and site visits to NGOs is proposed. The team can be contacted on mob 0409 741414 (Jonine) or email: projects@mhcc.org.au. Please feedback comments in any format or by phone at any time (with or without site visits).

## Workforce Development

### Glossary

of terms used in Vocational Education and Training. Source: www.ntis.gov.au

**Accreditation** The formal recognition of a course by the state or territory course accrediting body.

**Certificates I-IV** A set of qualifications awarded in the vocational education and training sector and recognised under the Australian Qualifications Framework (AQF). The four levels of certificate recognise increasing levels of skill.

**Competency** The ability to perform tasks and duties to the standard expected in employment.

**Competency standard** An industry-determined specification of performance which sets out the skills, knowledge and attitudes required to operate effectively in employment.

**Contract of training** (also called Training Agreement) A legal agreement between an employer and an apprentice or trainee, which defines the rights and responsibilities of each party. These include the employer guaranteeing to train the apprentice or trainee in the agreed occupation or training area, and to allow time off work to attend any required off-the-job training; and the apprentice or trainee agreeing to learn all aspects of the occupation or training area, and to work for the employer for a specified period. Contracts of training supersede indentures.

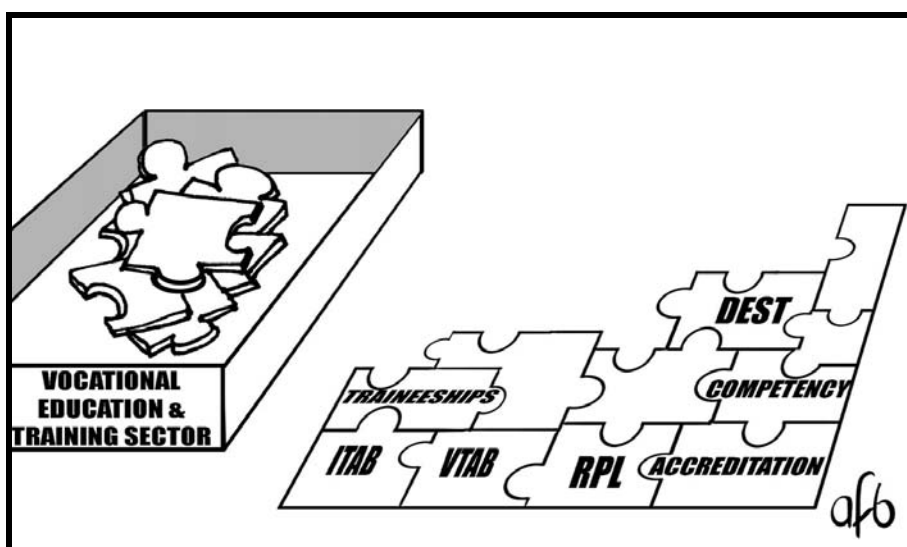
**Core competencies** Identifies units of competency within a competency standard that industry has agreed are essential to achieve if a person is to be accepted as competent at a particular level.

**Current competency** A competency currently possessed by a person. People can lose competence over time, and having been competent in the past may need further training and practice to demonstrate current competency.

**Flexible learning** The provision of a range of learning modes or methods, giving learners greater choice of when, where and how they learn.

**Industry Training Advisory Board** An organisation, recognised as representing a particular industry and providing advice to government on the vocational education and training needs of its industry.

**Learning culture** An environment in which opportunities for learning are openly valued and supported and are built, where possible, into all activities.



**Mixed-mode delivery** A combination of learning modes to deliver a course or module, such as distance education and face-to-face study in classes, tutorials, practical sessions or workshops.

**Module** (also called subject) A unit of education or training which can be completed on its own or as part of a course. Modules may also result in the attainment of one or more units of competency.

**National Training Information Service** The national training information service (NTIS) has been developed to provide access to training information and products.

**Recognition of Current Competencies** (or RCC) The acknowledgement of competencies currently held by a person, acquired through training, work or life experience. Also known as recognition of prior learning.

**Recognition of Prior Learning** (or RPL) The acknowledgement of a person's skills and knowledge acquired through previous training, work or life experience, which may be used to grant status or credit in a subject or module.

**Registered Training Organisation** (or RTO) An organisation registered to deliver training and/or conduct assessments and issue nationally recognised qualifications in accordance with the Australian Quality Training Framework.

**Skills audit** An identification of the skills required and held by the workforce.

**Skills transfer** The transfer of skills or competencies from one work context to another work context

**Statement of Attainment** Certification issued to a student for partial completion of a qualification, including, where relevant, the units of competency achieved under nationally endorsed standards. Achievements rec-

ognised by statements of attainment can accumulate towards a qualification within the Australian Qualifications Framework.

**Traineeship** A system of vocational training combining off-the-job training at an approved training provider with on-the-job training and practical work experience. Traineeships generally take one to two years and are now a part of the New Apprenticeships System.

**Training plan** A program of training and assessment which forms part of a new apprenticeship training contract and is registered with the relevant state or territory authority.

**Unit of competency** National standards define the competencies required for effective performance in the workplace. A competency comprises the specification of knowledge and skill and its application at an industry level, to the standard of performance required in employment. Units of competency can be either industry or enterprise based.

**VETAB** (in NSW) Vocational education and training accreditation board.

**Vocational education and training** (VET) Post-compulsory education and training, excluding degree and higher level programs delivered by higher education institutions, which provides occupational or work-related knowledge and skills.

**Workplace assessment** The gathering and judging of evidence during normal work activities in order to determine whether a required standard has been achieved. It usually involves observation of work in progress.

## Traineeships in Mental Health Work

MHCC has been working with the NSW Community Services and Health Industry Training Advisory Board (CSH ITAB) CEO, Ms Susan Scowcroft, to facilitate the development and introduction of Mental Health Work traineeships. The CSH ITAB has prepared a Vocational Training Order (VTO) to present to the DET to develop a pathway to traineeships in Mental Health Work at the Certificate IV level. It is anticipated that this will be achieved by the end of 2006.

Traineeships in Mental Health Work are not currently available in NSW. Many mental health NGOs have supported eligible staff to access traineeships in Certificate IV Community Services or Disability Work that can be tailored to include mental health related electives, but comment that the content is not sufficient for work in the sector. Consultations with NGOs have shown a desire within the sector for a Mental Health Work traineeship scheme to be established. The traineeships will provide a pathway for both new and existing workers to the sector who do not have existing and/or relevant industry related qualifications.

### WHAT IS A TRAINEESHIP?

The traineeship system is administered by the NSW Department of Education and Training (DET). Traineeships combine paid work with accredited training and are covered by a relevant industrial award. This combination of work and training provides the opportunity to develop practical skills with formal training. A traineeship can be developed to suit full time or part time workers. Trainees are employed under a state government approved contract. As the Mental Health Work traineeship will be linked to achieving a Certificate IV qualification it will take 24 months to complete. A trainee may finish faster if they can demonstrate they have already acquired relevant skills.

### WHAT IS A TRAINING CONTRACT?

A Training Contract is an agreement between the trainee and their employer, which sets out the training conditions and the type of training undertaken. The Training Contract must be lodged with the New Apprenticeships Centre within two weeks of the trainee starting a traineeship. The trainee must be given a copy of the Training Contract within two weeks of starting.

### TRAINING PLAN

A Training Plan is an agreement between the trainee, the employer and an RTO which sets out the training conditions and the type of training the trainee will undertake. It is vital that trainees and employers take an active role in the way a Training Plan is developed and the way it is imple-

mented. The Training Plan must be signed by the trainee, the employer and the RTO's representative and should be revised periodically.

### FEES, WAGES AND SUBSIDIES

Trainee wages are covered by industrial awards and are lower than standard award rates. Employers are able to claim a variety of subsidies to partially offset salary costs. A Group Training Company can be contracted as the employer of trainees. They assume liability for the complex administrative arrangements of traineeships, reducing financial risk and allowing for transfer of trainees between different agencies. This makes traineeships a very economical form of employment for NGOs.



## Not getting the newsletter?

If you are not currently on our mailing list to receive a copy of this newsletter but would like to be, then let us know.

## We'd like to hear from you ...

### MHCC Executive Officer:

Jenna Bateman — e: [jenna@mhcc.org.au](mailto:jenna@mhcc.org.au), Ph: 9555 8388 x 102

### NGO Development Project Officer:

Heidi Freeman — e: [heidi@mhcc.org.au](mailto:heidi@mhcc.org.au), Ph: 9555 8388 x 107

### Project Officers — Workforce Development:

Tina Smith: — e: [tina@mhcc.org.au](mailto:tina@mhcc.org.au), Ph: 9555 8388 x 109

Debbie Green: — e: [debbie@mhcc.org.au](mailto:debbie@mhcc.org.au), Ph: 9555 8388 x 108

### Project Officer — Outcomes for NGOs:

Jonine Penrose-Wall: — e: [project@mhcc.org.au](mailto:project@mhcc.org.au), Ph: 9555 8388 x 112

## Mental Health Co-ordinating Council

### Postal address:

PO Box 668,  
Rozelle NSW 2039

### Street Address:

Building No. 402  
Rose Cottage,  
Central Ave, Callan Park,  
Rozelle Hospital  
Campus, Rozelle

Ph: (02) 9555 8388  
Fax: (02) 9810 8145  
E: [info@mhcc.org.au](mailto:info@mhcc.org.au)  
[www.mhcc.org.au](http://www.mhcc.org.au)

NGO  
Development  
Strategy



... building strength  
and quality