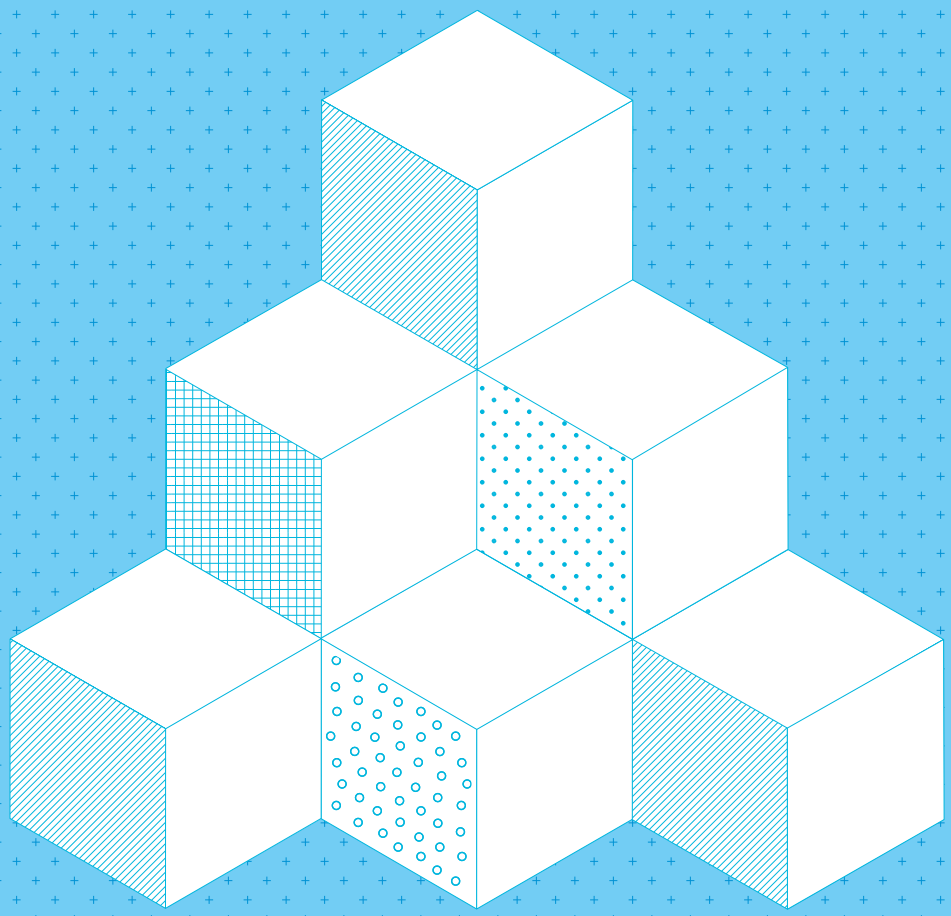
VICSERV

TRAINING NEEDS ANALYSIS REPORT

2010



Psychiatric Disability Services
of Victoria (VICSERV)

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GLOSSARY

CALD
Culturally and Linguistically Diverse refers to individual people, communities or populations who have a specific cultural or linguistic connection through birth, ancestry or religion

Clinical sector
Victoria's state-funded clinical mental health services are known as Area Mental Health Services (AMHS) as they are delivered on the basis of a distinct geographic catchment area. Each AMHS provides a range of community based services and inpatient facilities for people who are acutely unwell

Consumer
A person who is experiencing, or has experienced, a mental illness, who receives support from psychological or PDRS services or has a relationship with the service where they are given a choice in treatment and have some influence on service delivery

Development needs
Development needs exist when there is a deficit between the skills and knowledge required to perform a job to the benchmark standard, and the employee's actual levels of skill and knowledge. Development needs may be addressed by training, coaching, specific work assignments, mentoring, performance support tools and related activities

Manager
An individual performing a management and/or leadership role within a PDRS service provider

PDRS
Psychiatric Disability Rehabilitation and Support

Support worker
An individual employed to provide direct care or support to a person with a psychiatric disability

TNA
Training Needs Analysis

VICSERV
Psychiatric Disability Services of Victoria Inc. (VICSERV)

EXECUTIVE SUMMARY

The Victorian PDRS sector is undergoing considerable and rapid growth in response to consumer demand and government directions for improving the care of people affected by, or at risk of, mental illness.

The Department of Human Services' *Because mental health matters: Victorian mental health reform strategy 2009–2019*, recognises that PDRS services will be 'at the centre of the mental health service system,'[1] and therefore the need to build the capacity and expertise of the PDRS sector to meet increasing demand.

In response, *Shaping the future: The Victorian mental health workforce strategy,* 2009, outlines a range of strategic initiatives to develop the PDRS sector accordingly. These actions include:

- Profiling the capabilities required by the PDRS workforce
- Creating more attractive opportunities for graduate entry to the PDRS roles
- Establishing a Mental Health Education and Training Institute
- Supporting leadership development
- Making better use of the Certificate IV in Mental Health, Community Services training package.[2]

This TNA was commissioned to support these initiatives by providing:

- Reliable, comprehensive data on the Victorian PDRS sector workforce's current capabilities
- An assessment of the PDRS sector workers' training and development needs
- Recommendations to address significant training and development needs.

Methodology

The methodology for the TNA involved:

1. Clarifying the objectives and context for the analysis by interviewing key stakeholders and reviewing relevant literature
2. Identifying appropriate performance standards against which training needs could be assessed
3. Conducting a survey of 231 respondents (165 support workers and 66 managers) to obtain a self-assessment of capability against each performance standard and the importance of the standard in relation to work performance
4. An analysis of the collated survey data
5. Validation of initial findings and recommendations through consultation with senior PDRS stakeholders
6. Documenting and reporting of findings and recommendations.

References

1 Department of Human Services, (2009), Because mental healthmatters: Victorian mental health reform strategy 2009 – 2011, Mental Health and Drugs Division, DHS, Melbourne

2 Department of Health, (2009), Shaping the Future, The Victorian Mental Health Workforce Strategy, Final Report, DoH, Melbourne, p 5

SOME PDRS SERVICES ARE UNABLE TO MAKE USE OF MANY, MUCH NEEDED, AVAILABLE DEVELOPMENT OPPORTUNITIES DUE TO LACK OF RESOURCING.

Key findings

The following points outline the highest priority development needs for the PDRS workforce:

Support workers

- Baseline foundation skills for PDRS workers
- ASIST plus First Aid skills
- Working with families – taking a family-centred approach
- Physical health, housing and economic participation
- Worker safety
- Peer worker
- Recovery
- Early intervention
- Understanding trauma
- Working with young people
- Working in partnerships with other services
- Working with CALD clients
- Rights and responsibilities of clients
- Crisis prevention and intervention
- Monitoring and managing the adverse affects of physical health, medication and other medical treatments
- Supporting family members and children
- Dual diagnosis

Managers

- Managing change
- Reflective practice
- Applying quality principles
- Applying data and outcome measurements to improve services delivery
- Legislative compliance
- Managing complex stakeholder issues that are integral to the change process
- Writing tenders and submissions
- Developing and managing complex budgets
- Interpreting state and federal policy and plans

The following indicates other critical training and development-related needs:

- There are gaps in the existing training available to the Victorian PDRS sector, particularly for support workers. These gaps include working with families, early intervention, working with young people, peer worker and health.
- Undergraduate training for mental health workers does not have adequate coverage of PDRS philosophy and approaches to providing services.
- All survey respondents indicated a strong preference for face-to-face training and development, and expressed considerable enthusiasm for accredited training. Online training and development was not the preferred training delivery medium.
- There are structural issues concerning the supply and demand of PDRS training:

  Some PDRS services are unable to make use of many, much needed, available development opportunities due to lack of resourcing.

  There are barriers to participation in foundation skills training, including duration, availability and financial disincentives for PDRS workers with higher qualifications.
- Current workforce sustainability issues threaten to undermine any investment in training and development. Forty-seven per cent of survey respondents indicated they are considering and/or planning to leave the sector.

RECOMMENDATIONS

The following recommendations have been developed through a consideration of the findings, and are aligned with the strategic actions outlined in The Department of Health's *Shaping the Future: The Victorian Mental Health Workforce Strategy*, 2009:

1 Conduct a study to identify strategies for addressing recruitment, retention and career pathway challenges, and other matters related to workplace sustainability factors.

2 VICSERV to provide input on the PDRS sector philosophy and approaches to undergraduate training providers.

3 Offer units of accredited training beyond the PDRS sector to support the need to improve working in partnerships with other services. (VICSERV has training that is of significant value to other services.)

4 Offer skill-sets training to participants other than those undergoing accredited training.

5 Build the capacity of the regional PDRS training workforce to cater to the strong preference for local, face-to-face development.

6 Examine the feasibility of providing appropriate online learning, as part of a blended development strategy. The feasibility study should include examining costs, accessibility and the best use of available resources. This may include approaching the National Mental Health Professional Online Development (MHPOD) project for the use and/or adaptation of relevant online resources.

7 VICSERV to undertake further activities to support:

- Facilitation of qualification pathways
- Avenues for skills recognition and flexible course delivery should be enhanced
- Professional opportunities for workers who are at an intermediate/advanced skill level.

8 VICSERV to continue to offer the Diploma of Management, Supervision and Quality training.

9 Identify risk management requirements for managers and provide development accordingly.

10 VICSERV may be well situated to provide leaders who are new to senior positions in the PDRS sector (such as CEOs nd general managers) with orientation to their roles.

11 Obtain funding exemptions for Certificate IV participants possessing higher qualifications who otherwise wouldn't qualify for funding.

12 Obtain funding to increase the scope of the foundation skills package to include:

- Working with families
- Early intervention
- Working with young people
- Peer worker
- Health

13 Identify strategies to enable PDRS services to make better use of the development opportunities available to them. This may require a deeper analysis of the structural issues in the supply and demand for PDRS training in Victoria.

INTRODUCTION

Objectives

The objectives of the PDRS Training Needs Analysis are to:

1. Identify training needs for the PDRS sector in Victoria
2. Prioritise training and related needs for the PDRS sector in Victoria
3. Identify realistic actions to address the prioritised training needs.

Overview

This section provides context for the Training Needs Analysis. It comprises information on:

- Psychiatric Disability Rehabilitation and Support in Victoria
- Psychiatric Disability Services of Victoria Inc. (VICSERV)
- Strategic context:

  Supply and demand in the Victorian PDRS sector

  Strategic directions for the Victorian PDRS sector

  Strategic actions to support the Victorian PDRS sector

  A TNA to inform strategic decision-making

SECTION 1
INTRODUCTION

Psychiatric Disability Rehabilitation and Support (PDRS) in Victoria

Victoria has a strong tradition of PDRS service provision by the non-government sector.

PDRS service provision is a specialist function, underpinned by a commitment to the principles of psychosocial rehabilitation and a philosophy of providing programs for people with psychiatric disabilities. These services are not available through generic community services.

PDRS services assist clients to regain or develop skills they need in order to actively participate in daily life, in personal and social interactions and in community life and activities.

Psychiatric Disability Services of Victoria (VICSERV)

VICSERV is a membership-based organisation and the peak body representing community-managed mental health services in Victoria.

VISION

VICSERV envisages a society where mental health and social wellbeing are a national priority and:

- Everyone has access to timely mental health treatment and support
- Mental health services are recovery oriented
- People participate in decision-making about their own lives and their community
- People affected by mental illness have access to, and a fair share of, community resources and services
- All people are involved as equals, without discrimination

MISSION

As the peak body for the community-managed mental health sector in Victoria, VICSERV pursues the development and reform of mental health services.

VICSERV supports members by:

- Promoting recovery oriented practice
- Building and disseminating knowledge
- Providing leadership
- Building partnerships and networks
- Undertaking workforce development, training and capacity building
- Promoting quality in service delivery
- Undertaking advocacy and community education

VALUES

- Collaboration
- Courage
- Inclusiveness
- Integrity
- Flexibility

AS THE PEAK BODY FOR THE COMMUNITY-MANAGED MENTAL HEALTH SECTOR IN VICTORIA, VICSERV PURSUES THE DEVELOPMENT AND REFORM OF MENTAL HEALTH SERVICES.

Strategic context

This section provides a brief account of factors influencing the availability of skilled workers in the PDRS sector, beginning with an overview of some of the forces that shape the market for PDRS services in Victoria, then providing an overview of the strategic directions for the Victorian PDRS sector.

The need for a TNA to inform decision-making around how best to support the strategic directions is then outlined.

Supply and demand in the Victorian PDRS sector

The PDRS sector is undergoing considerable and rapid growth in response to consumer demand and government directions for improving responses to people affected by, or at risk of, mental illness.

The Victorian Government is committed to strengthening and supporting the PDRS sector, in recognition of its success in promoting integration and supporting the significant non-clinical needs of people with a mental illness and their carers.

Crucial to the development of this service sector has been the commitment of individuals, groups and organisations to advocate for the rights of people with psychiatric disabilities and improve opportunities and conditions for people with psychiatric disabilities living in the community.[1]

For the purposes of this report, psychiatric disabilities are defined as 'the effects of a mental illness, which to varying degrees impair functioning in difference aspects of a person's life such as the ability to live independently, maintain friendships or maintain employment.' [2]

Despite this goodwill, the PDRS workforce has insufficient capacity in its current state to meet growth requirements or support the strategic directions of mental health in Victoria.

The demand for PDRS services has never been higher. Drivers of demand include:

- The ageing demographics of consumers
- The increasingly complex issues of consumers
- Rapid changes in therapies, technology, regulatory regimes and related matters.

At the same time, supply of skilled workers is constrained by:

- Insufficient development opportunities
- An ageing workforce
- Low numbers of qualified workers entering the sector
- Indistinct career paths
- Relatively low remuneration compared to the clinical sector, and the relative wage disparity between those working in not-for-profit organisations compared to government organisations.

Consequently, there is a critical need for reliable evidence to inform strategic decisions concerning the development of the sector's capability and capacity.

References

1 Department of Human Services, (2004), Standards for psychiatric disability rehabilitation and support services, DHS, Melbourne, p 3

2 Department of Human Services, (2009), Because mental health matters: Victorian mental health reform strategy 2009 – 2011, Mental Health and Drugs Division, DHS, Melbourne, p 161

SECTION 1 (CONT'D)

INTRODUCTION

Strategic directions for the Victorian PDRS sector

The critical role of the PDRS sector is acknowledged in *Because mental health matters: Victorian mental health reform strategy 2009–2019*, which recognises that 'community-based services will be at the centre of the mental health service system'[1].

Under the heading of 'A balanced, networked service system,' the following strategic directions for the PDRS sector are outlined:

- Expectation that over the coming years, PDRS will consolidate its role and become a more equal partner with specialist clinical services and a central part of the social inclusion thrust of reform
- Over time, this will require capacity building and changes to staffing profiles. As a result of these changes and other factors, the name PDRS may no longer be adequate – a new name emphasising psychosocial recovery might be more suitable
- The need for the PDRS sector to be more closely coordinated with clinical services, without losing its distinctive approach. This will be assisted by joint planning, professional training and development, and shared management of some activities
- The sector will be supported and encouraged to build on the strength in its diversity and local focus, while working to become less fragmented and clearer about the scope of its activities. A sound evidence base should underpin effective psychosocial support and sector development
- The sector is well placed to play stronger roles in a wider range of rehabilitation and intermediate step-down care (both bed based and outreach support), and in care coordination for consumers needing sustained care and support
- There are also opportunities for the PDRS sector to be more active at the 'front end' of the care pathway, delivering early interventions that help avoid the need for acute services.

'COMMUNITY-BASED SERVICES WILL BE AT THE CENTRE OF THE MENTAL HEALTH SERVICE SYSTEM'[1].

Strategic actions to support the Victorian PDRS sector

The positioning of the PDRS sector at the centre of the mental health service system is reinforced in *Shaping the Future: The Victorian Mental Health Workforce Strategy*, 2009, which proposes a number of short- and medium-term strategies to support the development of the sector[2], including:

1. Develop and implement a short-term (12-month) recruitment strategy targeting workers who would transition into the specialist mental health workforce to fill existing vacancies. This will involve an online service that will connect public clinical and PDRS opportunities.
2. Undertake a workforce research project for the PDRS sector that further investigates the workforce profile, analyses skill needs and identifies strategies to address recruitment, retention and career pathway challenges.
3. Identify an appropriate, structured, paid undergraduate employment model to enhance early exposure to the mental health environment.
4. Establish a mental health education and training institute that supports multidisciplinary and cross-sectoral approaches to delivering further education and training for clinical and PDRS service workers, consumers and carers.
5. Develop programs (such as scholarships, shadowing, mentoring) that identify emerging leaders in clinical, PDRS and managerial sectors, and provide these workers with management and leadership training to better place organisations to meet changing service demands. Provide coaching and mentoring to promote high-quality leadership at all levels within an organisation.
6. Investigate the feasibility of increased scope of practice for PDRS workers through the utilisation of the Certificate IV in Mental Health, Community Services Training Package.

References

1 Department of Human Services, (2009), Because mental health matters: Victorian mental health reform strategy 2009 – 2011, Mental Health and Drugs Division, DHS, Melbourne, p 56

2 Department of Health, (2009), Shaping the Future, The Victorian Mental Health Workforce Strategy, Final Report, DoH, Melbourne p 5 – 6

METHODOLOGY

Overview

Identification of the PDRS sector training needs used a methodology that:

- Distinguished training needs from other factors affecting the performance of Victorian PDRS support workers and managers
- Prioritised the training needs
- Identified realistic strategies for addressing high priority training needs

SEE TABLE **01**

01 Clarify objectives and context for the analysis by:
- Conducting a literature review on relevant practice standards and training strategies
- Interviewing key stakeholders

↓

02 Confirm the required practice standards as the benchmark for assessing gaps between current performance and required performance

↓

03 Survey support workers and managers to obtain:
- A self-rating of their current levels of skill and knowledge against the practice standards, and
- Preferences for training delivery strategies and relevant demographic information

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04 Analysis of collated survey data

↓

05 Validation of initial findings and recommendations through consultation with senior PDRS sector stakeholders

↓

06 Documentation and reporting of findings and recommendations

TABLE **01** | **ANALYSIS PROCESS**

TRAINING NEEDS WERE IDENTIFIED WHEN SIGNIFICANT DEFICIT EXISTED BETWEEN THE SKILLS AND KNOWLEDGE REQUIRED TO PERFORM A JOB TO THE BENCHMARK STANDARD, AND THE JOB HOLDERS' ACTUAL LEVELS OF SKILL AND KNOWLEDGE.

Notes on the process

Step 1

The literature review and consultation in Step 1 of the process resulted in the use of the Department of Human Services' publication *Standards for Psychiatric Disability Rehabilitation and Support Services*, 2004, as the key input to the training needs self-assessment survey. A synopsis of the literature review is included as Appendix 1 of this report.

Step 2

Focus groups of key PDRS service providers were conducted to refine the standards into appropriate survey items, and to contribute to the design of the survey. The survey was developed for online completion using browser-based interface.

Survey items were based on performance standards or job functions for the PDRS workforce.

The Standards of PDRS services were derived from the *National Standards for Mental Health Services*, 1997[1]. They contain eleven Standards that provide guidance for PDRS services to maintain a focus on service quality measurement and improvement.

From the eleven Standards, 38 job functions were derived for PDRS support workers, and a further 38 different job functions were derived for PDRS managers. These job functions were used as the benchmarks against which support workers and managers rated themselves.

The job functions also align with the relevant competency standards and associated qualifications in the National Community Services Training Package.

Step 3

A total of 231 respondents (165 support workers and 66 managers) from all DHS regions in Victoria participated in the survey. The survey gathered data on respondents:

- Demographics and career information
- Training undertaken
- Perceived adequacy of training undertaken
- Perceptions of the criticality of each PDRS Standard
- Perceptions of their competence for each PDRS Standard
- Preferences for a range of training media and related matters.

Step 4

Training needs were identified when significant deficit existed between the skills and knowledge required to perform a job to the benchmark standard, and the job holders' actual levels of skill and knowledge. (The benchmark job standards were the job functions derived in Step 1.)

For the purposes of this report, development needs were identified when:

1. A significant number[2] of the PDRS workforce respondents rated themselves as having skill and knowledge deficits[3] in particular benchmark standards, and
2. The job functions were considered essential by a significant number of respondents[4].

The results were validated against the strategic needs of the sector by reviews and discussions with VICSERV and member organisation management. Additional development needs, related to strategic directions, were identified during these discussions.

It became apparent that training alone would not be the most appropriate solution to address all skill and knowledge deficits, so the term 'development needs' was adopted for the purposes of this report.

The reporting of the development needs was separated into needs of support workers, and needs of managers.

Step 5

This step involved the validation of draft findings and recommendations and further analysis occurred through reviews of the draft report, workshops and further interviews with senior PDRS stakeholders.

Step 6

The findings and recommendations were documented and the report was finalised.

FINDINGS

Overview

The findings of this report are presented in the following structure:

3.1 Critical development needs for PDRS support workers:

- Summarised development needs
- Priorities
- Development preferences

3.2 Critical development needs for PDRS managers:

- Summarised development needs
- Priorities
- Development preferences

3.3 Training currently available to meet development needs

- Gaps in coverage
- Structural issues
- Potential opportunities for addressing issues

3.4 Workforce sustainability issues related to development needs

SECTION 3.1

DEVELOPMENT NEEDS FOR PDRS SUPPORT WORKERS

Critical development needs related to performance benchmarks and strategic priorities

Critical development needs have been summarised into 17 broad categories. A further breakdown of this information has been provided in the following two pages.

Development needs identified from this TNA and during consultation with senior PDRS management:

1. Baseline foundation skills for PDRS workers
2. Applied Suicide Intervention Skills Training (ASIST) plus First Aid skills
3. Working with families – taking a family-centred approach
4. Physical health – housing and economic participation
5. Worker safety
6. Peer worker
7. Recovery
8. Early intervention
9. Understanding trauma
10. Working with young people
11. Working in partnerships with other services
12. Working with CALD clients
13. Rights and responsibilities of clients
14. Crisis prevention and intervention
15. Monitoring and managing the adverse effects of physical health, medication and other medical treatments
16. Supporting family members including children
17. Dual diagnosis

The wide range of development needs were derived from support workers' survey responses and the following Prioritisation table outlines the critical development needs derived from survey responses.

The job functions were summarised into the development need categories shown on the previous page, using the mapping shown in Appendix 2 of this document.

Support workers expressed a wide variety of development needs, reflecting the diversity in their roles, locations and experience. More information on the support workers' demographics is provided in Appendix 3.

SEE TABLE **02**

SECTION 3.1 (CONT'D)

DEVELOPMENT NEEDS FOR PDRS SUPPORT WORKERS

Job function	% with a development need in this area	% who believed this function was essential to their role
1 Ensure appropriate supports are in place for consumers' children	64%	33%
2 Work effectively with clients with complex alcohol and other drug issues	61%	50%
3 Broad understanding of health concepts/beliefs and spiritual/faith-based issues of CALD consumers	61%	44%
4 Access and use interpreting services when necessary	61%	27%
5 Provide education on preventative and coping strategies, relevant to people from CALD backgrounds	59%	41%
6 Identify the specific needs of consumers' children and, with the consumer, collaboratively identify appropriate resources to facilitate their care	58%	35%
7 Educate the consumer about the impact of dual diagnosis and work in partnership with other health services to provide appropriate treatment and services	55%	48%
8 Work with primary health care workers and culturally-specific mental health workers to ensure understanding of issues relevant to specific populations	55%	41%
9 Develop individual support plans that are culturally and linguistically sensitive and provide culturally appropriate support	55%	49%
10 Provide information on the rights of consumers, family members and/or carers and on legislation which may impact on their rights	53%	59%
11 Apply the principles of international and national standards on human rights and responsibilities	53%	62%
12 Raise concerns about family violence with consumers and identify resources and support	47%	55%
13 Develop strategies to support the family members and/or carers in coping with the impact of mental health problems	47%	45%
14 Conduct adequate risk assessments and respond to aggression, self-harming and difficult behaviours with appropriate interventions	44%	74%
15 Work with clients, carers and families from Aboriginal and Torres Strait Islander backgrounds	44%	72%
16 Understand and comply with State and Territory legislation related to treatment of mental health problems, safety, privacy and confidentiality	44%	72%
17 Awareness of physical health issues, medication and the impact they may have on a person's mental health	44%	62%
18 Initiate the provision of involuntary treatment by referring consumer to a clinical service for appropriate care	42%	62%
19 Support consumer to access information to assist monitoring and managing the adverse effects of medication and other medical treatments	42%	58%
20 Establish and maintain an environment to protect consumers from abuse and exploitation while receiving support from mental health services	42%	68%

SUPPORT WORKERS EXPRESSED A WIDE VARIETY OF DEVELOPMENT NEEDS, REFLECTING THE DIVERSITY IN THEIR ROLES, LOCATIONS AND EXPERIENCE.

Additional critical development needs

Following a review of the support workers' development needs by senior PDRS sector managers, further development needs were identified to ensure capability alignment with the strategic directions for the sector.

The table below shows a priority ranking of additional development needs identifiedby senior management of VICSERV and member organisations.

Priority	Development needs
1	Equal priority given to: • Baseline foundation skills required for PDRS workers • ASIST plus First Aid skills • Working with families – taking a family-centred approach • Physical health, housing and economic participation
2	Worker safety
3	Equal priority given to: • Peer worker • Recovery
4	Equal priority given to: • Early intervention • Working with young people • Understanding trauma
5	Working in partnerships with other services

TABLE 03 | ADDITIONAL DEVELOPMENT NEEDS PRIORITY RANKING

More information on the support workers' demographics is provided in Appendix 3.

SECTION 3.1 (CONT'D)

DEVELOPMENT NEEDS FOR PDRS SUPPORT WORKERS

Training priorities

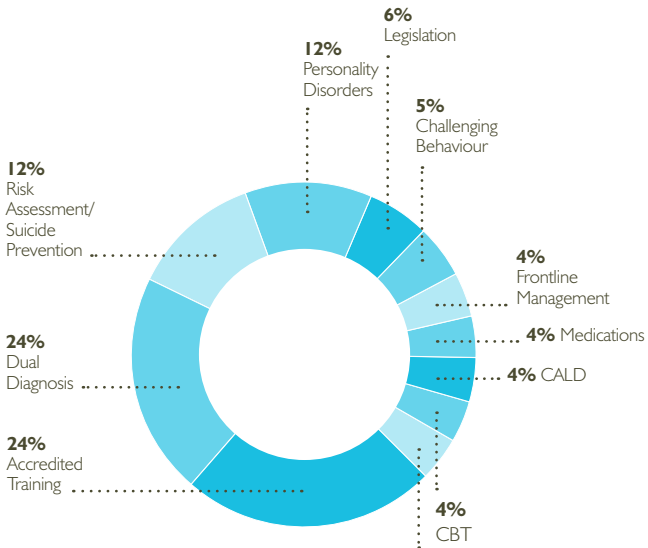
There was a desire for accredited training in foundation skills.

Support workers were asked to identify their highest training priorities for the next 12 months.

SEE GRAPH **01**

The priorities expressed were broadly consistent with the development needs identified in the job function survey and the needs identified by senior PDRS managers.

The majority of respondents expressed the need to acquire relevant accredited training in the baseline foundation skills, as provided by the Certificate IV in Mental Health. This appears to support the views of PDRS management and recent studies concluding that addressing the lack of adequate entry-level training and improving career path support is a high priority need.



GRAPH **01** | PARTICIPANT IDENTIFIED TRAINING PRIORITIES

WHILE PARTICIPANTS SHOWED A MARKED PREFERENCE FOR FACE-TO-FACE DEVELOPMENT, THEY DID NOT LIMIT THEIR PREFERENCES TO CONVENTIONAL TRAINING PROGRAMS.

Preferences for meeting development needs

The results show a clear preference for face-to-face development.

While participants showed a marked preference for face-to-face development, they did not limit their preferences to conventional training programs.

The preferred modes of development were identified as:

1. Workshops (preferred by 59% of respondents)
2. Professional Supervision (58%)
3. Short Courses (58%)
4. Reflective Practice (53%).

These preferences indicate that support workers are likely to be supportive of alternatives to conventional training programs, such as workplace coaching, mentoring, development assignments and reflective practice opportunities.

Supporting evidence of development needs from other recent studies

Several of the most frequently identified development needs were also reflected in the Mental Health Coordinating Council's TNA of mental health workers in the NGO sector in December 2006, which found high priority needs relating to:

- Working with dual diagnosis
- Working with CALD communities,
- Working with children and young people.

The study also reflected the sector's need for training pathways to enable new staff to build skills and qualifications.

SECTION 3.2

DEVELOPMENT NEEDS FOR PDRS MANAGERS

Critical development needs related to performance benchmarks and strategic priorities

Critical development needs for PDRS managers have been summarised into the following categories:

1. Managing change
2. Applying reflective practice
3. Applying quality principles
4. Applying data and outcome measurements to improveservice delivery
5. Ensuring legislative compliance
6. Managing complex stakeholder issues that are integral to the change process
7. Writing tenders and submissions
8. Developing and managing complex budgets
9. Interpreting state and federal policies and plans
10. Managing complex stakeholder issues that are integral to the change process

The managers' survey responses indicated that discrete, task-related development needs were required.

The following table shows a priority ranking of development needs for job functions rated as essential by at least 25 per cent of managers.

The managers' ratings indicated that the majority felt competent to perform their roles, with the exception of some discrete job functions related to specific managerial tasks, and the exception of managing complex stakeholder issues.

Job function	% perceived as development need	% perceived as essential
Write tenders and submissions	59%	41%
Develop and manage complex budgets	56%	52%
Interpret state and federal policies and plans	47%	58%
Apply quality principles	43%	60%
Manage complex stakeholder issues that are integral to the change process	36%	65%

TABLE 04 | DEVELOPMENT NEEDS PRIORITY RANKING

THE MANAGERS' SURVEY RESPONSES INDICATED THAT DISCRETE, TASK-RELATED DEVELOPMENT NEEDS WERE REQUIRED.

Additional critical development needs

Following a review of the managers' development needs by senior PDRS managers, further critical development needs were identified to ensure capability alignment with the strategic directions for the sector.

The following table shows a priority ranking of additional development needs identified by senior management of VICSERV and member organisations, who gave the needs equal priority.

Development needs
Managing change
Reflective practice
Applying quality principles
Systems development
Application of data and outcome measurements to improve service delivery
Legislative compliance
Understanding and acting on incidents consistently and managing risks

TABLE 05 | ADDITIONAL DEVELOPMENT NEEDS PRIORITY RANKING

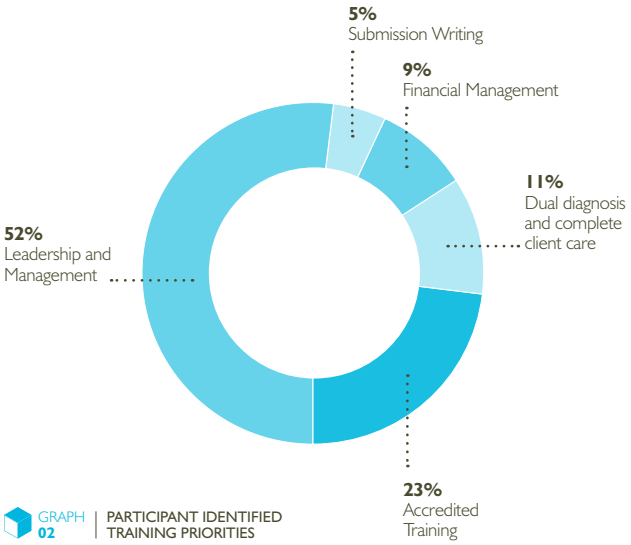
SECTION 3.2 (CONT'D)

DEVELOPMENT NEEDS FOR PDRS MANAGERS

Training priorities

There was a strong preference for leadership and management training.

Despite generally rating themselves in the survey as competent incumbents of their roles with few development needs in the areas of leadership and management, there is a very strongly expressed desire for leadership and management training. The need to further develop foundation skills is demonstrated by the citing of Accredited Training as the second most pressing training priority.



GRAPH 02 | PARTICIPANT IDENTIFIED TRAINING PRIORITIES

Preferences for meeting development needs

The preferred modes of delivery for training were identified as:

- Linked to a qualification (54 per cent)
- Reflective practice (54 per cent)
- Professional supervision (52 per cent)
- Workshops (48 per cent)
- Short courses (47 per cent).

While online learning appears to offer a means of overcoming some of the barriers to participation in training, it is not a preferred mode of delivery for PDRS managers, receiving a preferential rating from 28 per cent of respondents.

SECTION 3.3

TRAINING CURRENTLY AVAILABLE TO MEET DEVELOPMENT NEEDS

While many of the critical development needs, identified in this report, are ostensibly addressed by existing training, there are some needs that are yet to be adequately catered to. There are also some strategic and structural issues in training delivery that impede the provision of training and development to Victorian PDRS workers.

This section of the findings reports on gaps that exist between training that is currently available and issues related to training delivery and consumption.

Gaps in existing training coverage

Available development does not meet all needs.

Significant gaps between development needs and available development opportunities for PDRS workers include:

Support workers

- Working with families
- Early intervention
- Working with young people
- Peer worker

Managers

- Risk management

Note: Information on development currently available to the Victorian PDRS sector is included in Appendix 4.

There is insufficient coverage of PDRS philosophy and approaches in undergraduate training.

Discussions with PDRS management indicated that there is inadequate understanding of the Victorian PDRS philosophy and approaches to providing services among new entrants to PDRS roles. This appears to reflect a lack of adequate coverage of PDRS philosophy and approaches in undergraduate training. This may contribute to a further barrier to the supply of suitably-skilled new entrants.

SECTION 3.3 (CONT'D)

TRAINING CURRENTLY AVAILABLE TO MEET DEVELOPMENT NEEDS

Structural issues

PDRS services cannot make the most of available development opportunities.

In addition to coverage deficits, there are also delivery capacity issues and demand constraints. PDRS training suppliers are unable meet the state-wide demand for some critical development needs with their current resourcing.

At the same time, it is not uncommon to find PDRS services wishing to address the development needs of their workers, but lacking the resources in terms of available time, funding and backfilling positions to do so.

VICSERV offers considerable resources from both its accredited and non-accredited training, but many member organisations are unable to utilise these due to resourcing constraints.

This finding is reinforced in VICSERV's *Building Capacity in Community Mental Health Family Support and Carer Respite Project – Workforce Development Report*, 2009, which highlighted the barriers to participation in training for the PDRS workforce, including:

- A lack of adequate information on available training
- Lack of training accessibility, particularly in rural and remote areas[1]

The development of further training and related development opportunities may exacerbate this situation.

Disincentives for PDRS workers with higher qualifications

PDRS workers with higher qualifications who require Certificates IV to Advanced Diploma qualifications in Mental Health are currently unable to acquire funding.

This situation further hampers the acquisition of critical foundation skills in the sector.

Design issues with foundation skills training

The key source of foundation skills training for the PDRS sector—the Certificate IV in Mental Health —can take up to two years to complete, and is not readily available throughout Victoria.

This creates entry barriers for prospective workers, and prevents a rapid increase in the numbers of appropriately qualified staff.

Similarly, the apparent complexity of skill recognition procedures creates a further barrier, reducing the willingness of workers to attain the qualifications.

Opportunities for addressing issues

Discussions with members of the VICSERV Training Advisory Group provided the following suggestions for potential resources that may help to mitigate some coverage and structural issues:

- Explore relevance of extensive Mental Health Professional Online Development (MHPOD) e-Learning Curriculum, which is based on the National Standards for Mental Health Services, 1997. MHPOD is primarily intended for a clinical audience, but has many modules that cover topics relevant to the PDRS sector.
- VICSERV could advocate on behalf of the sector to ensure that the developed MHPOD curriculum remains relevant to PDRS.
- Provision of development within the sector to deliver training and/or workshops on best practice.

Reference

[1] VICSERV, (2009), *Building Capacity in Community Mental Health Family Support and Carer Respite Project – Workforce Development Report*, VICSERV, Melbourne

SECTION 3.4

WORKFORCE SUSTAINABILITY ISSUES RELATED TO DEVELOPMENT NEEDS

Investment in training is wasted unless related workforce sustainability issues are addressed.

According to *Because mental health matters: Victorian mental health reform strategy 2009-2019*, workforce sustainability is dependent on organisational capacity building promoted by:

- Reduced turnover
- High staff motivation
- Satisfying work roles
- Diverse and rewarding career opportunities.

Numerous studies across a wide variety of industries demonstrate a high degree of interdependence between these factors. Investment in developing PDRS workers will be of little value unless these factors are also addressed.

Nearly half of the workforce is considering or planning to leave the sector.

Forty-seven percent of support workers and managers surveyed indicated that they are considering and/or planning to leave the sector in the next three years. While turnover, motivation and job satisfaction data are not available for the PDRS workforce, the responses of the 231 respondents to the survey suggest that the sustainability factors cited above are at an unacceptable level.

The findings appear to align with turnover data on the direct mental health workforce, which shows that of the staff who moved from or within the public mental health system in 2001 to 2002, around 35 per cent left after less than 12 months with their current employer and 63.4 per cent left within three years of commencing.[1]

There are major factors influencing the desire to leave the PDRS sector.

The factors influencing the desire to leave the PDRS sector appear to be linked to symptoms of inadequate levels of workforce sustainability.

Factors	Support workers	Managers
Burn out	27%	21%
Remuneration	21%	25%
Explore other opportunities	14%	32%

TABLE 06 | MAJOR FACTORS INFLUENCING THE DESIRE TO LEAVE THE PDRS SECTOR

Reference

[1] Department of Human Services (2005), *Victoria's Direct Care Mental Health Workers: The Public Mental Health Workforce Study 2003–04 to 2001–12*, State Government of Victoria, Melbourne, p 1

RECOMMENDATIONS

The following recommendations have been developed through a consideration of the findings.

The recommendations are aligned with the appropriate strategic directions for the Victorian PDRS sector for the coming decade.

SEE TABLE **07**

Strategic actions for *Shaping the Future*[1]	Related recommendations arising from this report
Undertake a workforce research project for the PDRS service sector that further investigates the workforce profile, analyses skill needs and identifies strategies to address recruitment, retention and career pathway challenges.	1 Conduct a study to identify strategies for addressing workforce retention issues, including examination of recruitment, retention and career pathway challenges, and other matters related to workplace sustainability factors. This report (and the data underpinning it), and the PDRS Workforce Development Study 2009, will provide an initial input to the study, however, a deeper analysis is required.
Identify an appropriate structured undergraduate employment model to enhance early exposure to the mental health environment.	2 VICSERV to provide input on PDRS sector philosophy and approaches to undergraduate training providers.
Establish a mental health education and training institute that supports multidisciplinary and cross-sectoral approaches to delivering further education and training for clinical and PDRS service workers, consumers and carers.	3 Offer units of accredited training beyond the PDRS sector to support the need to improve working in partnerships with other services. VICSERV has training that is of significant value to other services. 4 Offer skill-sets training to participants other than those undergoing accredited training. 5 Build the capacity of the regional PDRS training workforce to cater to the strong preference for local, face-to-face development. 6 Examine the feasibility of providing appropriate online learning, as part of a blended development strategy. The feasibility study should include examining costs, accessibility and the best use of available resources. This may include approaching the National Mental Health Professional Online Development (MHPOD) project for the use and/or adaptation of relevant online resources. 7 VICSERV to undertake further activities to support: • Facilitation of qualification pathways • Avenues for skills recognition and flexible course delivery should be enhanced • Professional opportunities for workers who are at an intermediate/advanced level.
Develop programs (such as scholarships, shadowing, mentoring) that identify emerging leaders in clinical, PDRS and managerial sectors, and provide these workers with management and leadership training to better place organisations to meet changing service demands. Provide coaching and mentoring to promote high-quality leadership at all levels within an organisation.	8 VICSERV to continue to offer the Diploma of Management, Supervision and Quality training. 9 Identify risk management requirements for managers and provide development accordingly. 10 VICSERV may be well situated to provide leaders who are new to senior positions in the PDRS sector (such as CEOs and general managers) with orientation to their roles. 11 Obtain funding exemptions for Certificate IV participants possessing higher qualifications who otherwise wouldn't qualify for funding.
Investigate the feasibility of increased scope of practice for PDRS workers through the utilisation of the Certificate IV in Mental Health, Community Services Training Package.	12 Obtain funding to increase the scope of the foundation skills package to address development needs not currently provided for by existing training, including: • Working with families • Early intervention • Working with young people • Peer worker • Health 13 Identify strategies to enable PDRS services to make better use of the development opportunities available to them. This may require a deeper analysis of the structural issues in the supply and demand for PDRS training in Victoria.

TABLE 07 | *SHAPING THE FUTURE*[1] RELATED RECOMMENDATIONS

Reference

[1] Department of Health, (2009), *Shaping the Future, The Victorian Mental Health Workforce Strategy, Final Report*, DoH, Melbourne

BIBLIOGRAPHY

ACT Department of Health and Community Care, (1999), *Dual Diagnosis: Stopping the merry-go-round,* ACT Department of Health and Community Care, Canberra

Australian Government Department of Health and Ageing, (1997), *National Standards for Mental Health Services,* Australian Government Department of Health and Ageing, Canberra

Department of Education, Employment and Workplace Relations, (2008), CHC08 Community Services Training Package, DEEWR, Canberra

Department of Health, (2009), *Shaping the Future, The Victorian Mental Health Workforce Strategy, Final Report,* DoH, Melbourne

Department of Human Services, (2004), *Standards for psychiatric disability rehabilitation and support services,* DHS, Melbourne

Department of Human Services, (2009), *Because mental health matters: Victorian mental health reform strategy 2009 – 2011,* Mental Health and Drugs Division, DHS, Melbourne

Department of Human Services, (2005), *Victoria's direct care mental health workers: The public mental health workforce study* 2003–04 to 2001–12, State Government of Victoria, DHS, Melbourne

London Refugee Economic Action (LORECA), (2007), *Report of the Training Needs Analysis exercise carried with London Refugee Community Organisations in 2005-06,* LORECA, London

Mental Health Coordinating Council, (2006), *Mental Health Training Needs Assessment for the NGO Sector in NSW- Final Report,* MHCC, Lilyfield

The National Centre of Mental Health Research, Information and Workforce Development, (2007) *Pacific Mental Health Workforce, Training Needs Analysis, Research Report,* The National Centre of Mental Health Research, Information and Workforce Development, Auckland

VICSERV, (2008), *Sector Snapshot,* Report on Member Census and Worker Survey, VICSERV, Melbourne

VICSERV, (2009), *Building Capacity in Community Mental Health Family Support and Carer Respite Project Workforce Development Report,* VICSERV, Melbourne

Volunteering Geelong, (2009), *Praise Volunteers: Training for Volunteers and Volunteer-involving Organisations Report,* Geelong

APPENDICES

APPENDIX 1

LITERATURE REVIEW

The literature review examined:

Service and support standards relevant to the PDRS sector in Victoria, to provide benchmarks for the TNA.

PDRS sector workforce challenges in the present and future. This involved reviewing strategic directions in mental health that will affect the PDRS sector, and recent studies into PDRS workforce issues.

Current training packages relevant to the PDRS sector, to contribute to assessing the extent to which training needs may be addressed by existing resources.

Service and support standards

It is understood that service standards and quality assurance programs within health services are an essential part of achieving high quality health care. On 3rd December 1996, the Australian Health Ministers' Advisory Council's National Mental Health Working Group endorsed the *National Standards for Mental Health Services.*

The National Standards provide a guide for the development of new services, and to steer service enhancement and continuous improvement of existing services. Their scope includes standards for PDRS services.

The development of the National Standards was guided by the principles contained in the Australian Health Ministers' Mental Health Statement of Rights and Responsibilities, and the United Nations Principles on the protection of people with a mental illness.

A review of the Standards occurred in 2008. To date, there has not been acceptance of the revised standards by the Mental Health Standing Committee, on behalf of the Australian Health Ministers' Advisory Council.

The publication *Standards for psychiatric disability rehabilitation and support services,* 2004, was adapted from the National Standards and contains eleven Standards that provide a guidance for:

'… PDRS services to maintain a focus on service quality measurement and improvement. The Standards assist services to achieve and maintain the highest standard of support and rehabilitation for people with a psychiatric disability', p 2.

NEW PARTNERSHIPS WILL NEED TO BE MADE ACROSS TRADITIONAL BOUNDARIES AND NEW WAYS OF WORKING TOGETHER WILL NEED TO BE ESTABLISHED.

PDRS sector workforce challenges

Recent studies addressing PDRS workforce issues

PDRS services are operating in a time of significant change in the mental health sector.

The directions of the State Government's ten-year plan *Because mental health matters: Victorian mental health reform strategy 2009 – 2019*, suggest that over the next few years the PDRS sector will be going through significant reforms. Partnerships will be central to the future growth and development of the sector. Existing partnerships will need to be strengthened and refocused. New partnerships will need to be made across traditional boundaries and new ways of working together will need to be established.

The challenges facing the PDRS sector workforce have also been recognised in a number of studies, including:

An Analysis of the Victorian Rehabilitation and Recovery Care Service System for People With Severe Mental Illness and Associated Disability Project Report, DHS, 2007. The report states that in relation to workforce issues:

'The following two key issues are impacting on the long-term sustainability of Victoria's public mental health service system:

- Existing and projected shortages in the skilled mental health workforce
- Workforce quality both in terms of variable practice standards and the need to strengthen mental health leadership across the spectrum of services', p 2.

A Report on the Training Needs Assessment of Mental Health Workers in the NGO sector, Mental Health Coordinating Council, 2006, based on data from 59 survey respondents (a 42 per cent response rate), states that:

'A number of respondents expressed a need for all mental health training to include:

- More emphasis on ethics and professional boundaries issues
- An increase in the communication and interpersonal skills involved in engaging with consumers
- Information related to local service networks or referral procedures
- Opportunities for training pathways to enable new staff, as well as consumers and carers, to build skills and qualifications
- Opportunities for higher level training for skilled staff, particularly in complex areas such as dual diagnosis, and for specialist groups such as those working with CALD communities, older people with dementia, or infants, children and young people with mental health problems', p 32.

APPENDIX 1 (CON'D)

LITERATURE REVIEW

Previous studies into PDRS workforce issues

Significantly, previous VICSERV studies have been undertaken including Sector Snapshots in 2000 and 2007 (reported as *Sector Snapshot, Report on Member Census and Worker Survey* in 2009).

These reports had a response rate of 52 and 43 respectively and provided insight into training needs identified by the workforce including:

- Substance use and psychiatric disability
- People with borderline personality disorder

In addition, the following documents provided insights on PDRS workforce issues:

- National Centre of Mental Health Research, Information and Workforce Development, (2007), Pacific Mental Health Workforce, Training Needs Analysis, Research Report, National Centre of Mental Health Research, Information and Workforce Development, Auckland
- ACT Department of Health and Community Care, (1999), Dual Diagnosis: Stopping the merry-go-round, ACT Department of Health and Community Care, Canberra
- Volunteering Geelong, (2009), Praise Volunteers: Training for Volunteers and Volunteer–involving Organisations Report, Geelong
- London Refugee Economic Action (LORECA), (2007), Report of the Training Needs Analysis exercise carried with London Refugee Community Organisations in 2005–06, LORECA, London

THE INCLUSION OF SKILL SETS PROVIDES AN OPPORTUNITY TO AUGMENT A WORKER'S FOUNDATION QUALIFICATION WITH MORE SPECIALISED KNOWLEDGE AND SKILLS, ACCORDING TO WORK REQUIREMENTS.

Current training packages relevant to the PDRS sector

The most recent national community services training package endorsed in December 2008 includes qualifications and skill sets that encompass most competencies required by the mental health workforce.

Some gaps remain, including working with families and coordinating services.

The following qualifications have been reviewed and modified to reflect the needs of mental health services:

- Certificate IV in Mental Health [CHC 40508]
- Diploma of Community Services (Alcohol and Other Drugs) [CHC 50208]
- Diploma of Community Services (Mental Health) [CHC 50308]
- Diploma of Community Services (Alcohol and Other Drugs and Mental Health) [CHC 50408]

Noticeably, the inclusion of skill sets provides an opportunity to augment a worker's foundation qualification with more specialised knowledge and skill, according to work requirements.

The following skill sets are most relevant to the PDRS sector:

- Mental health skill set – including respond to risk of suicide
- Mental health skill set – including recognise individuals at risk
- Alcohol and other drugs skill set.

APPENDIX 2

SUMMARISED DEVELOPMENT NEEDS MAPPED TO JOB FUNCTIONS FOR SUPPORT WORKERS

The table below shows the relationship between the summarised development needs identified in this report, and the job functions identified by support workers were essential for the workers' role and development needs that existed.

Summarised development need	Job functions with development needs (Numbering relates to Prioritisation table on page 18)
Working with Culturally and Linguistically Diverse (CALD) clients	3 Broad understanding of health concepts/beliefs and spiritual/faith-based issues of CALD consumers
	4 Access and use interpreting services when necessary
	5 Provide education on preventative and coping strategies, relevant to people from CALD backgrounds
	8 Work with primary health care workers and culturally specific mental health workers to ensure understanding of issues relevant to specific populations
	9 Develop individual support plans that are culturally and linguistically sensitive and provide culturally appropriate support
	15 Work with clients, carers and their families who are from Aboriginal and Torres Strait Islander backgrounds
Rights and responsibilities of clients	10 Provide information on the rights of consumers, family members and/or carers and on legislation, which may impact on their rights
	11 Apply the principles of international and national standards on human rights and responsibilities
	16 Understand and comply with State and Territory legislation related to treatment of mental health problems, safety, privacy and confidentiality
Crisis prevention and intervention	12 Raise concerns about family violence with consumers and identify resources and support
	18 Initiate the provision of involuntary treatment by referring consumer to a clinical service for appropriate care
	20 Establish and maintain an environment to protect consumers from abuse and exploitation while receiving support from mental health services
Monitoring and managing the adverse effects of physical health, medication and other medical treatments	14 Conduct adequate risk assessments and respond to aggression, self-harming and difficult behaviours with appropriate interventions
	17 Awareness of physical health issues, medication and the impact they may have on a person's mental health
	19 Support consumers to access information to assist monitoring and managing the adverse effects of medication and other medical treatments
Supporting family members including children	1 Ensure appropriate supports are in place for consumers' children
	6 Identify the specific needs of consumers' children and, with the consumer, collaboratively identify appropriate resources to facilitate their care
	13 Develop strategies to support the family members and/or carers in coping with the impact of mental health problems
Dual diagnosis	7 Educate the consumer about the impact of dual diagnosis and work in partnership with other health services to provide appropriate treatment and support
Work with clients with complex alcohol and other drug issues	2 Work effectively with clients with complex and/or alcohol and other drug issues

TABLE 08 | SUMMARISED DEVELOPMENT NEEDS AND JOB FUNCTION

APPENDIX 3

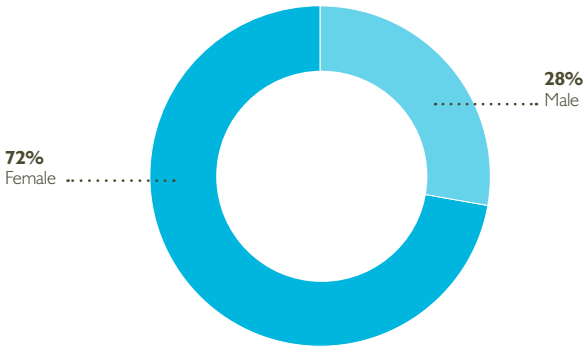
PROFILE OF THE SUPPORT WORKER

Gender

There were 165 respondents and they are represented in the following table and graph.

Gender	Count	Percentage
Female	119	72%
Male	46	28%

TABLE 09 | GENDER OF THE SUPPORT WORKER



GRAPH 03 | GENDER OF THE SUPPORT WORKER

APPENDIX 3 (CONT'D)

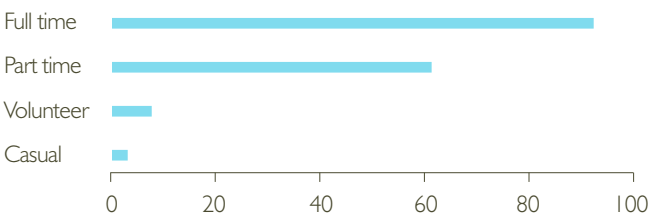
PROFILE OF THE SUPPORT WORKER

Employment status

Over 50 per cent of the 165 respondents were employed on a full-time basis and over 37 per cent were employed on a part-time basis.

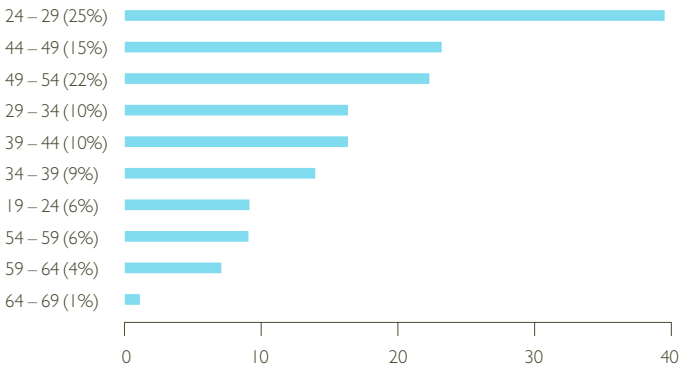
Employment Status	Count	Percentage
Full time	92	55.76%
Part time	62	37.58%
Volunteer	8	4.85%
Casual	3	1.82%

TABLE 10 | EMPLOYMENT STATUS OF THE SUPPORT WORKER



GRAPH 04 | EMPLOYMENT STATUS OF THE SUPPORT WORKER

Age distribution



GRAPH 05 | AGE DISTRIBUTION OF THE SUPPORT WORKER

THE RANGE OF MENTAL HEALTH SERVICES DELIVERED BY COMMUNITY-BASED ORGANISATIONS VARIES ENORMOUSLY, FROM INTENSIVE PERSONAL SUPPORT TO MUTUAL SUPPORT AND SELF-HELP.

Service type

The range of mental health services delivered by community-based organisations varies enormously, from intensive personal support to mutual support and self-help. The PDRS sector covers a wide range of professions delivering a diverse range of mental health services, from intensive personal support, to self-help groups.

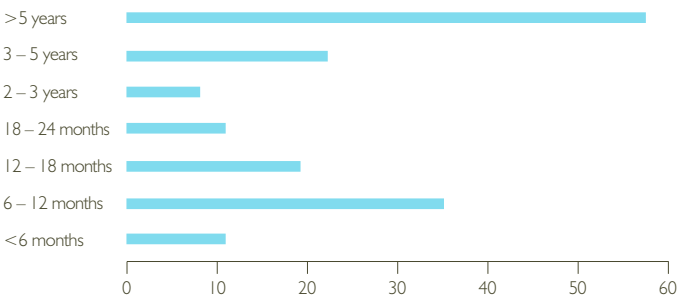
The report surveyed the current make-up and distribution of the sector across different disciplines, institutions and geographical areas.

Responses to the survey were received from:

Status	Count	Percentage
Home Based Outreach Support	81	31.40%
Psychosocial Day Programs (including day-to-day living)	70	27.13%
Residential Rehabilitation	25	9.69%
Personal Helpers and Mentors Program (PHaMS)	16	6.20%
PARC Services	15	5.81%
Homelessness Services	14	5.43%
Supported Accommodation	13	5.04%
Planned Respite Services	12	4.65%
Carer Support	5	1.94%
Mutual Support and Self-Help	4	1.55%
Consumer Consultants	3	1.16%

TABLE 11 | SERVICE TYPE OF THE SUPPORT WORKER

Length of service



GRAPH 06 | LENGTH OF SERVICE OF THE SUPPORT WORKER

APPENDIX 3 (CONT'D)

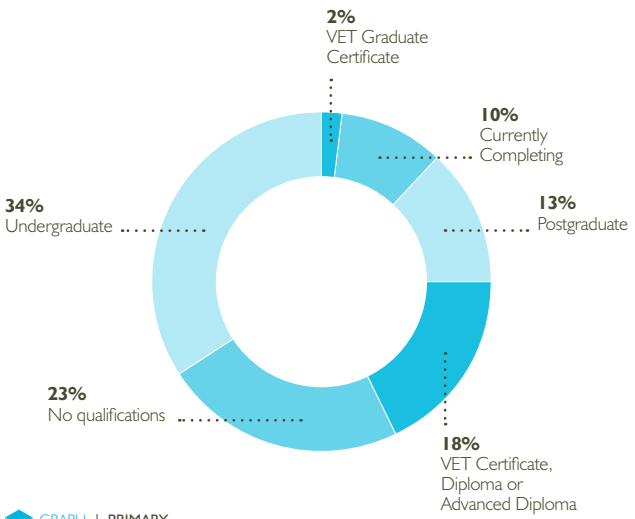
PROFILE OF THE SUPPORT WORKER

Qualifications

The majority of respondents (34 per cent) indicated that their primary qualification was at Tertiary Undergraduate level while 23 per cent indicated that they did not possess qualifications and 18 per cent were recipients of a Vocational Education and Training (VET) qualification (Certificate, Diploma or Advanced Diploma).

Respondents provided information relating to their primary qualification including:

25 per cent – Social Work
22 per cent – Psychology
8 per cent – Welfare work



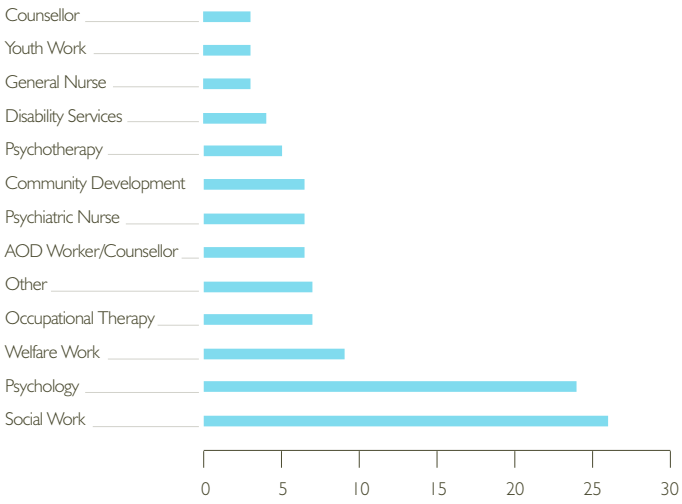
GRAPH 07 | PRIMARY QUALIFICATION MIX

THE MAJORITY OF RESPONDENTS (34 PER CENT) INDICATED THAT THEIR PRIMARY QUALIFICATION WAS AT TERTIARY UNDERGRADUATE LEVEL...

The remaining responses were fairly evenly distributed (3 to 6 per cent):

Occupational Therapy, AOD Worker/Counsellor, Psychiatric Nurse, Community Development, Psychotherapy, (all at 5 to 6 per cent) and Disability Services, General Nurse, and Youth Work between 3 and 5 per cent.

Note: Multiple response question – graph represents number of responses received.



GRAPH 08 | PRIMARY QUALIFICATION (FIELD)

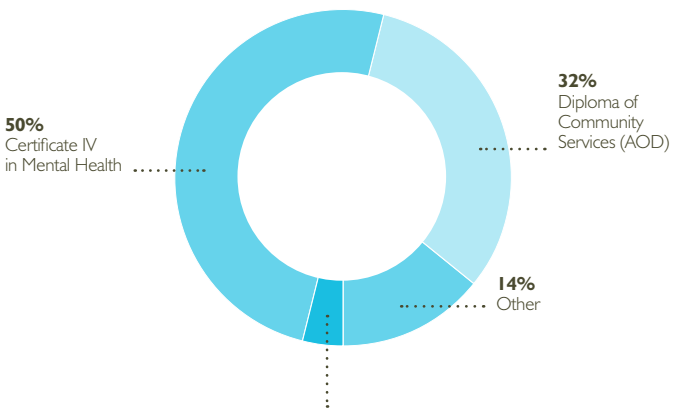
APPENDIX 3 (CONT'D)

PROFILE OF THE SUPPORT WORKER

Current/future VET participation

Thirty-one respondents (18.78 per cent) are currently enrolled in a VET course, 50 per cent in the Certificate IV Mental Health, 32 per cent in the Diploma of Community Service (AOD), 4 per cent in the Certificate IV in Alcohol and Other Drugs while the remaining 14 per cent chose the 'other' category.

Note: Chart represents percentage of respondents (31) currently enrolled in a particular VET course.



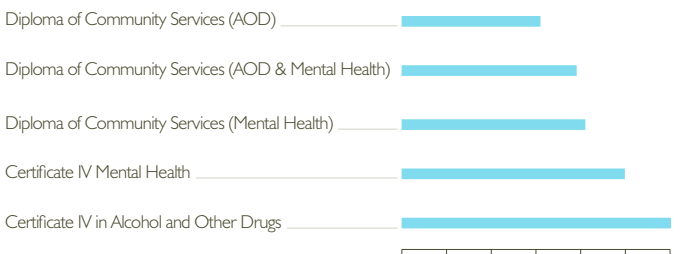
GRAPH 09 | CURRENT VET COURSE ENROLMENT

THIRTY-ONE RESPONDENTS (18.78 PER CENT) ARE CURRENTLY ENROLLED IN A VET COURSE...

Respondents were asked to indicate their interest in completing the following courses:

- Certificate IV in Mental Health [CHC40508]
- Certificate IV in Alcohol and Other Drugs [CHC40408]
- Diploma of Community Services (Alcohol and Other Drugs [CHC50208]
- Diploma of Community Services (Mental Health) [CHC50308]
- Diploma of Community Services (Alcohol and Other Drugs and Mental Health) [CHC50408]

Note: Multiple response question – graph represents number of responses received.



GRAPH 10 | INTEREST IN VET COURSE (COUNT)

APPENDIX 3 (CONT'D)

PROFILE OF THE SUPPORT WORKER

Professional development influences

Respondents ranked influences on heir attendance/participation in professional development from no influence to high influence.

Agency funded training 68 per cent and program objectives 64 per cent were ranked as having a high influence on attendance/participation. Location was the third highest ranking (58 per cent) for respondents living and working in rural/regional locations with paid study leave also receiving a 58 per cent high influence response.

Influences – attendance/paricipation in professional development	High %
Program Objectives	64
Agency Funded	68
Location (Rural)	58
Paid Study Leave	58
Time	47
Linked to University Qualification	47
Linked to promotion	44
Location (Metro)	44
Facilitator	35
Linked to VET qualification	31

TABLE 12 | PROFESSIONAL DEVELOPMENT INFLUENCES

APPENDIX 4

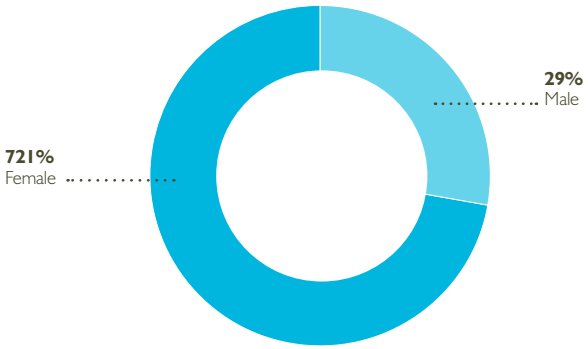
PROFILE OF THE MANAGER

Gender

There were 66 respondents and they are represented in the following table and graph.

Gender	Count	Percentage
Female	47	71.21%
Male	19	28.79%

TABLE 13 | GENDER OF THE MANAGER



GRAPH 11 | GENDER OF THE MANAGER

APPENDIX 4

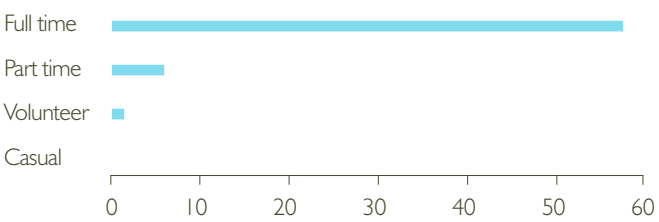
PROFILE OF THE MANAGER

Employment status

Over 87 per cent of respondents were employed on a full-time basis, while a little over 12 per cent were employed in a casual, part-time or voluntary capacity.

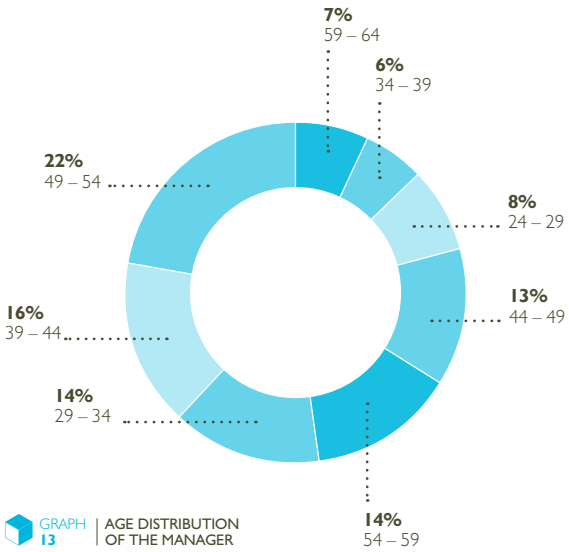
Employment Status	Count	Percentage
Full time	58	87.88%
Part time	6	9.09%
Volunteer	2	3.03%
Casual	0	0%

TABLE 14 | EMPLOYMENT STATUS OF THE MANAGER



GRAPH 12 | EMPLOYMENT STATUS OF THE MANAGER

Age distribution



GRAPH 13 | AGE DISTRIBUTION OF THE MANAGER

OVER 87 PER CENT OF RESPONDENTS WERE EMPLOYED ON A FULL-TIME BASIS, WHILE A LITTLE OVER 12 PER CENT WERE EMPLOYED IN A CASUAL, PART-TIME OR VOLUNTARY CAPACITY.

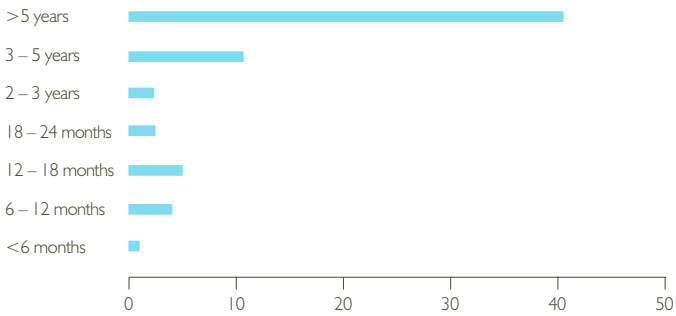
Service type

Responses to the survey were received from:

Status	Count	Percentage
Psychosocial Day Programs (including day-to-day living)	36	21.69%
Home Based Outreach Support	27	16.27%
Mutual Support and Self Help	23	13.86%
Planned Respite Services	14	8.43%
Residential Rehabilitation	13	7.83%
PARC Services	12	7.23%
Personal Helpers and Mentors Program (PHaMS)	11	6.63%
Homelessness Services	10	6.02%
Carer Support	10	6.02%
Supported Accommodation	8	4.82%
Consumer Consultants	2	1.2%

TABLE 15 | SERVICE TYPE OF THE MANAGER

Length of service



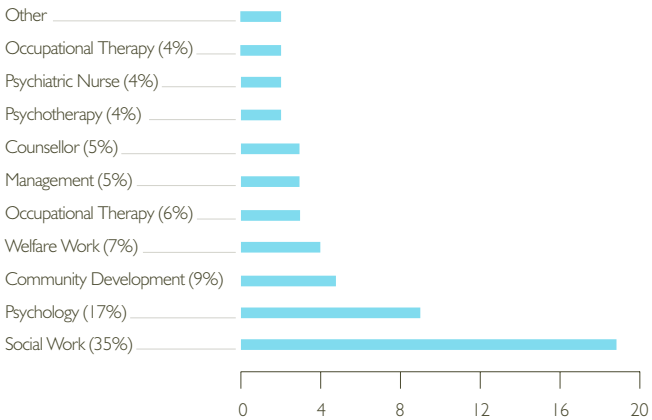
GRAPH 14 | LENGTH OF SERVICE OF THE MANAGER

APPENDIX 4

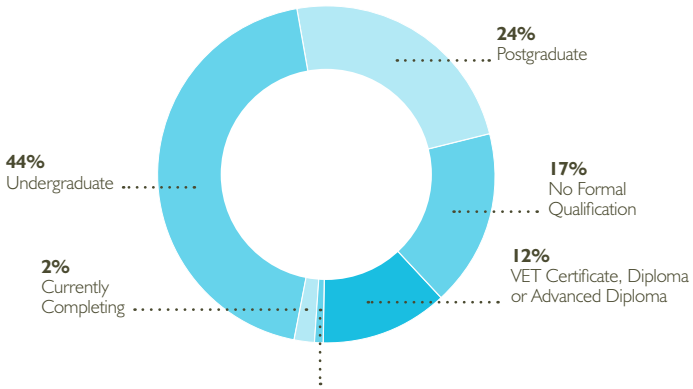
PROFILE OF THE MANAGER

Qualifications

The majority of respondents (44 per cent) indicated that their primary qualification was at Tertiary Undergraduate level, while 24 per cent indicated that they held a Postgraduate qualification and 17 per cent were not qualified.



GRAPH 15 | PRIMARY QUALIFICATION (FIELD)

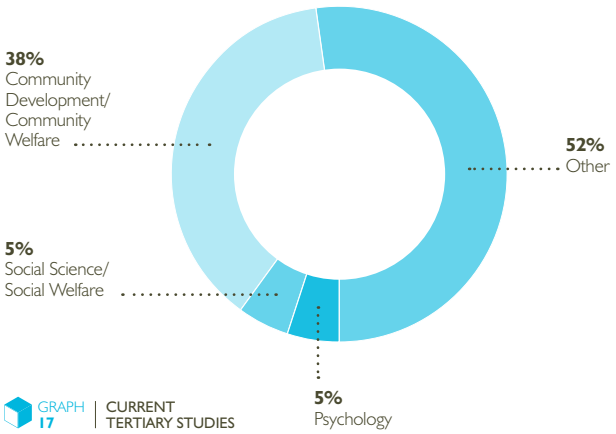


GRAPH 16 | PRIMARY QUALIFICATION (MIX)

THE MAJORITY OF RESPONDENTS (44 PER CENT) INDICATED THAT THEIR PRIMARY QUALIFICATION WAS AT TERTIARY UNDERGRADUATE LEVEL...

Current tertiary studies

Of the 66 respondents 21 (31.8 per cent) indicated that they were currently completing tertiary studies, while 38 per cent are currently completing a tertiary qualification in Community Development/ Community Welfare.



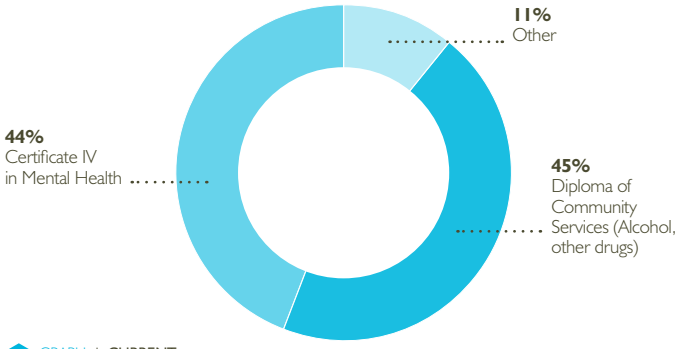
GRAPH 17 | CURRENT TERTIARY STUDIES

APPENDIX 4

PROFILE OF THE MANAGER

Current/future VET participation

Nine (13.63 per cent) of the 66 respondents indicated that they were currently completing a VET qualification in either the Certificate IV in Mental Health or the Advanced Diploma of Community Services (Alcohol and Other Drugs).



GRAPH 18 | CURRENT VET STUDIES

THE MAJORITY OF RESPONDENTS (44 PER CENT) INDICATED THAT THEIR PRIMARY QUALIFICATION WAS AT TERTIARY UNDERGRADUATE LEVEL...

Respondents were asked to indicate their interest in completing the following courses:

- Certificate IV in Frontline Management (BSB40807)
- Diploma of Management (BSB51107)
- Diploma of Quality Auditing (BSB51607)
- Advanced Diploma of Community Sector Management (CHC60308)
- Vocational Graduate Diploma of Community Sector Management (CHC80108)

Note: Multiple response question – graph represents number of responses received.

Twenty-two respondents indicated that they were interested in completing the Diploma of Management. Nineteen showed interest in completing the Advanced Diploma of Community Sector Management, while interest in the Vocational Graduate Diploma of Community Sector Management and the Certificate IV in Frontline Management was relatively high (15 and 14 respectively).

GRAPH 19 | INTEREST IN VET QUALIFICATIONS (COUNT)

APPENDIX 4 (CONT'D)

PROFILE OF THE MANAGER

Professional development influences

Respondents ranked influences on their attendance/participation in professional development from having no influence to high influence.

Program objectives, (64 per cent) and agency-funded training (55 per cent) were ranked as having a high influence on attendance/participation. Paid study leave also received a high influence response (53 per cent).

Influences – attendance/paricipation in professional development	High %
Program Objectives	64
Agency Funded	55
Paid Study Leave	53
Linked to Tertiary Qualification	48
Linked to Promotion	39
Time	36
Facilitator	30
Location	30
Linked to VET qualification	29

TABLE 16 | PROFESSIONAL DEVELOPMENT INFLUENCES

APPENDIX 5

DEVELOPMENT CURRENTLY AVAILABLE TO THE PDRS SECTOR

Relevant accredited training

The most recent National Community Services Training Package endorsed in December 2008 includes qualifications and skill sets that encompass the skills areas required by the Metal Health workforce. The qualifications provide suitable entry-level development for new entrants to many PDRS roles, as well as specific skill sets for more experienced workers.

Relevant entry-level qualifications for PDRS workers

The following qualifications have been reviewed and modified to reflect the needs of the industry:

- Certificate IV in Mental Health
- Diploma of Community Services (Alcohol and Other Drugs)
- Diploma of Community Services (Mental Health)
- Diploma of Community Services (Alcohol and Other Drugs and Mental Health)

Further development for skilled PDRS workers

The revised Training Package provides specific skill sets to augment a worker's base qualification with more specialised knowledge and skill. The following skill sets address high priority development needs expressed by the PDRS sector workers and service organisations:

- Alcohol and Other Drugs skill set
- Mental health skill set – including recognise individuals at risk
- Mental health skill set – including respond to risk of suicide.

APPENDIX 5 (CONT'D)

DEVELOPMENT CURRENTLY AVAILABLE TO THE PDRS SECTOR

Relevant VICSERV and other PDRS sector development available

VICSERV currently provides the following courses that are relevant to the development needs:

- Certificate IV in Mental Health
- VICSERV training on baseline foundation skills:

  Orientation to PDRS

  Principles and Practice of Psychiatric Disability Rehabilitation and Support

  Being a Keyworker 1 – Establishing the relationship

  Being a Keyworker 2 – The rehabilitation journey

  Being a Keyworker 3 – Goal setting

  Recording Client Information

  Working with clients with Dual Diagnosis

- Introduction to Motivational Interviewing
- Mental Health First Aid
- Borderline Personality Disorder – Introduction
- Introduction to Dual Diagnosis – Mental Health and Alcohol and Other Drugs
- Applied Suicide Intervention Skills (ASIST)
- Professional Supervision
- Diploma of Management
- Diploma of Quality Auditing

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Psychiatric Disability Services
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