



Midland

District Health Boards

MENTAL HEALTH & ADDICTION

Service Development • Workforce Development • Partnerships & Relationships

Project Title	Midland Family Whanau Competency Framework Project
Prepared by	Eseta Nonu-Reid, Midland Regional Director –MH&A Network
Date	22 May 2013
Version	3

Project Statement

The purpose of this project is to:

1. Develop a family whanau worker competency framework
2. Provide a Midland perspective to the Mental Health Commission
3. Gain endorsement from the Midland DHBs to the developed framework
4. Feed into the MoH Service Development plan strategies

Objectives

- To establish a list of competencies that guide staff employed in the range of consumer positions across Midland
 - To develop a competency framework for all consumer workers that recognises Essential, Capable, Advanced and Leadership skills.
 - To clarify the following:
 - Mapping the developed competencies to the appropriate sector standards
 - Clarify the recognised qualifications pathways that may be held by consumer staff
 - Clarify what Māori qualifications (if any) may be held by consumer staff
 - That the proposed list of qualifications is:
 - aligned to national work and directions in this area (within boundary of the national service specifications)
- To develop a competency framework and qualification pathways for endorsement

Strategic Accountability

The project will be guided by:

- Ministry of Health: Service Development Plan: Rising to the Challenge, 2012
- Mental Health Commission: Blueprint II, 2012
- Midland Region Mental Health and Addiction Needs Assessment 2011
- Midland Region Mental Health and Addictions Strategic Plan 2008-2015
- Midland Region Mental Health Workforce Development Plan 2013 – 2016 (draft)
- Midland Regional Clinical Services Plan 2013/14

Background

The MoH Service Develop Plan identifies the need to strengthen the family whanau voice and role within mental health and addiction services. Service development needs to be inclusive of all family whanau roles especially family whanau leadership to ensure that the most strategic influence is not just at a regional level but at a national level as well.

Currently there is no national consistent competencies framework for family whanau workers or professional body accountability or code of conduct. Job descriptions, job roles and accountabilities are varied dependant on the interpretation of the new service specifications.

These excerpts from Rising To The Challenge all direct the need to advance the family whanau workforce as a valued and skilled part of the greater mental health and addiction workforce. At this stage the lack of national baseline competency frameworks and guidelines for employment and best practice hinder the development and quality consistency of this workforce.

People with low-prevalence conditions and/or high needs: priority actions

Enhance social inclusion opportunities	DHBs and NGOs
Support service users in their role as parents	DHBs and NGOs
Increase participation of families and whanau at all levels	DHBs and NGOs

Take action to ensure families and whānau participate in all aspects of service delivery including:

- assessment, treatment and recovery planning
- service planning and evaluation
- providing feedback on service delivery
- workforce and leadership roles
- family-to-family support.

Building resilience and averting future adverse outcomes for infants, children and youth: priority actions

Pilot evidence-informed parenting programmes	Ministry of Health
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Lead a project to pilot evidence-informed, culturally appropriate primary care parenting programmes for families and whānau requiring parenting support or education, and evaluate their delivery.

In addition, use the outcomes of this evaluation to work with the Ministries of Social Development and Education to develop and implement a coordinated cross-sector approach to the delivery of multi-level, evidence-informed parenting programmes for families and whānau with infants and children, to be accessed based on level of need.

Respecting and protecting the positive contribution of our growing older population: priority actions

Proactively engage families and whanau	DHBs
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Ensure that mental health services for older people proactively involve and support family and whānau who wish to support a family member's recovery, so that their continued involvement reduces their family members' social isolation and encourages them to manage their own condition/wellness.

Workforce Competencies

Competencies for people working across the spectrum of health services (primary care,

general health, and specialist mental health and addiction) that will support implementation of this Plan include the ability to:

- form effective partnerships with people who use the services and their families and whānau and/or support people, to enable self-management

Undertaking this project will add value to the family whanau workers roles.

Approach

The approach will include the following processes:

- Review work previously completed
- Canvas the sector for their views
- Canvas national groups for their views
- Develop a competency framework and qualification pathway
- Undertake stakeholder consultation
- Gain agreement from Clinical Governance and Midland Portfolio Managers
- Submit to Midland GMS Planning and Funding

Options Considered

1. Do nothing

Doing nothing runs the risk that this piece of work will be done elsewhere and the expectation will be that Midland conforms rather than Midland leading the way.

2. Each Midland DHB gather its own information as required

This would not be acceptable to the MoH as this does not provide a regional picture. It also runs the risk of having five different approaches and outcomes.

3. Undertake a Midland Project

This option is seen by the region to be as the most efficient way to achieve the MoH expectations regarding a regional agreement that can then feed into national developments.

Option 1 would result in not meeting the expectations of the Ministry of Health. Option 2 would result in high cost to individual DHBs and could result in inconsistent decision making across the region. Option 3 is a cost effective way to carry out this work.

The project will include

Key areas to be covered in the report include (*this is subject to discussion with the key stakeholder groups*):

- A scan of current competency frameworks
 - Consultation with key stakeholders to gather information
 - Development of a competency framework for further consultation
 - Regional agreement that feeds into national developments
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The project will not include

The report will not, include information about DHBs from outside the region.

The project will exclude doing original research.

The project will not conduct a prioritisation process based on the information.

Completion Criteria

The project will be completed once the final report is signed off by the Midland Planning and Funding-Alliance Leadership Team (PF-ALT).

Internal Stakeholders	<p>Project Sponsor, Eseta Nonu-Reid</p> <p>Midland Whanau Leadership Network – Te Ao Whanau</p> <p>Midland Clinical Governance Network</p> <p>Midland Portfolio Managers</p>
External Stakeholders	<p>Midland region has a number of existing regional groups representing key stakeholders who will be consulted as part of the project:</p> <ul style="list-style-type: none"> • Midland Consumer Leadership Network - He Tipuana Nga Kakano • Midland Maori Leadership Network - Te Huinga o Nga Pou Hauora • Midland Addiction Leadership Network • Midland Workforce Leadership Network • Others as identified during the process. <p>Relevant key stakeholders will be invited to identify, from their knowledge and experience, the gaps, needs, priorities and risks for the region and for their particular DHBs.</p>
Implications for Maori	<p>Maori are over-represented in prevalence data and in mental health and addictions services. This project will ensure that good information is provided to support planning to meet the needs of Maori whanau in the Midland region.</p>
IM Implications	<p>The regional network meetings, email and Midland website will be utilised to convey information about the project to the sector.</p>
Resources and Project Structure	<p>The project will be lead by a project consultant who will be responsible for carrying out the work, consultation, communication and writing the report. The project consultant will report directly to the Midland Region Director, Mental Health and Addiction Service Development.</p> <p>Midland staff to be involved in this project are:</p> <ul style="list-style-type: none"> • Belinda Walker (Midland region) who will provide project advice and assistance • Akatu Marsters – who will provide administrative support • An expert Reference Group will be established to support the project consultant. The Reference Group will comprise of the Whanau Leadership Network – Te Ao Whanau members • The Midland Clinical Governance Network and Portfolio Managers Group are key to the process, quality monitoring and input to reports

Key milestones and timeline	Date	Deliverable
	26 April 2013	Draft project scope completed
	26 April 2013	Plan signed off by Project Sponsor
	26 April 2013	Project Consultant contracted
	30 May 2013	Presentation and consultation with Project Reference Group
	30 June 2013	Regional Meetings completed. Meetings supported by local Te Ao Whanau members
	Monthly	Progress reports to project sponsor completed
	30 July 2013	Feedback to Te Ao Whanau members completed on draft report
	30 August 2013	Feedback to Midland Regional Networks
	30 August 2013	Final draft report to Project Sponsor for final consultation
	22 October 2013	Final draft report presented to the Midland Family Whanau Summit

Project relationships and linkages Other projects or initiatives that this project relates to and key contact people that provide liaison:

Project	Contact
Link with other individual DHB or regional projects relevant to this project	Midland Portfolio Managers
Midland Region Clinical Plan	Midland Regional Director
Midland Benchmarking project	Midland Regional Director

Financial Summary

Budget (one-off costs)

The project consultant will be contracted for up to 50 hours. A total amount of \$5,500.00 has been allocated for this project.

In addition disbursement of \$5,000 will be include in the contract to cover the costs below:

Costing Activity	Indicative Costs
Travel	\$2,000
Meeting costs	\$1,000 (nil if the project uses existing meetings)
Accommodation/meals	\$1,000
Printing/Publication	\$1,000 (nil if the project uses electronic distribution only)

Ongoing cost: Nil

Cost Savings: The cost of carrying out this project as a regional project will be significantly less than the cost of all four DHBs carrying out their own review of the regional Youth Forensic Service.

Risk management	Risks associated with the project.	Risk Mitigation
	<ol style="list-style-type: none"> 1. Stakeholder meetings do not match up with project timeframe - Low 2. Delays in receiving information from the various information sources – Low 3. Risk that cannot get regional agreement to a competency framework Medium 4. Risk of poor alignment with national developments Medium 5. Financial risk for implementing the framework Medium 	<ul style="list-style-type: none"> • Build timeframes for project around stakeholder meeting times • Build sufficient time into project plan or renegotiate timeframes with project sponsor • Consultation throughout the project key to ensure that this objective is achieved. • Advocacy at a national level is undertaken by Midland representatives throughout the project • Contracts for services include workforce development plans for consumer staff

Risks the region is exposed to if the project does not proceed.

- The MoH Service Development Plan is clear in its expectation re Family Whanau participation at all levels. To ensure the most effective participation there needs to be clarity around the competency of the individual workers. Status quo is not viable option.

Quality	<p>Quality will be facilitated through</p> <ul style="list-style-type: none"> • Use of an expert Reference Group will provide guidance to the project • Use of regional Clinical Governance Network and Portfolio Managers to provide guidance to the project • Sector involvement throughout the project • The project Consultant needs to have credibility within the sector and region and a strong understanding of mental health and addiction family whanau issues • A signoff process for both the project scope and the final document following final consultation
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Assumptions	<p>The following assumptions have been made:</p> <ul style="list-style-type: none"> • The project will be funded by Midland Regional Network, Mental Health and Addictions • The project will be sponsored by Midland Regional Director, Mental Health and Addiction Service Development • The project is supported by Midland Clinical Governance Network and Portfolio Managers group • The Midland regional networks will actively participate in and support the project
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Constraints	None known at this time
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Communication Plan	<p>There will be at least two written communications with stakeholders, one at the start of the project, outlining the project and its objectives and another at the end of the project, thanking stakeholders for their contribution to the project and providing the final report.</p> <p>During the project, stakeholders will be consulted at their scheduled meetings on gaps,</p>
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needs, priorities and risks. Monthly project updates will be circulated to the regional stakeholder networks and posted on the Midland website.

Some of the key messages to be included in communications with stakeholders will be:

- The purpose of this project
- We want this to be a report that is well used and contributes to meeting the identified needs in the region
- Consultation will occur across the Midland region in each of the four participating DHB areas.

**Sign-off
(signatures
required)**

Project Consultant: Sue Lewer

Project Sponsor: Eseta Nonu-Reid

GM Planning & Funding Lakes DHB: Mary Smith

Date:
