

A rejoinder : the real story of the H&CS Enterprise Competency Standards.

Bob Burgell

If you want

- an organisation guided by the interactions between its practitioners and their clients;
- the required skills for effective practice to determine key organisational decisions on client service, job design, practitioner supports, supervision arrangements, duty statements and staff recruitment and selection criteria;
- comprehensive standards for in-service training;
- a clear picture of individual and workforce training needs;
- to contribute with other industry members towards the collaborative development of Community Services and Health skill based criteria for quality assurance;
- a sound basis for partnership with academic faculties and professional associations to strengthen field practice, facilitate strategic research, improve student placements and achieve a shared understanding of practice standards and professional education objectives;

why not try an enterprise competency standards project?

The article 'A Word Salad – Enterprise Based Competencies in Child Protection', *Children Australia* 18 (2) 1993 by Dr. Lesley Cooper, examines the Victorian Department of Health and Community Services (H&CS) Skills Enhancement Project (SEP). H&CS plainly rejects the negative criticisms of the skill analysis work which the article espouses.

Summary of the Project

The generous coverage given by *Children Australia* [17 (2&3) 1992] to the SEP effective practice narratives for Cottage Parents and Youth and Child Care Officers perhaps best depicts the spirit of this project. The narratives describe the characteristics of effective practice based on interviews and workshops with effective practitioners and clients. The starting point and driving energy for the development of H&CS skill based practice standards comes from these and similar detailed descriptions of effective practice across sixteen sub categories of work.

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extensive to be initiated within the Australian community services and health industry. Skill consultations with client practitioners from over sixty different work sites took place. Draft competency standards went through three rounds of workforce validation, a comprehensive competency standards survey instrument was forwarded to most staff and an extensive body of practitioner based skill documentation is being progressively published. Major findings of the project are expressed in two basic forms.

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Quantitative data from the survey identifies ranked assessments from practitioners of the importance and proficiency level required for skill items and a self assessment of proficiency. The data has been aggregated

for particular workforce sections and for the whole workforce. Comparisons of skill perceptions between different groups of practitioners and between the field and Head Office program advisory units can be made for various purposes including training needs analysis. On request confidential feedback reports were prepared for staff which compared their own proficiency self-assessment with aggregate proficiency levels for various parts of the workforce and those specified by program units.

At a qualitative level, enterprise competency standards⁷ within the general National Training Board (NTB) format of *unit elements and performance criteria*⁹ were formulated to give expression to skill prescriptions. These apply to the program fields of intellectual disability, child protection, juvenile justice and residential child care and reflect six broad occupational categories. The standards are specific to entry level, fully functioning and advanced practitioner levels respectively and identify performance criteria at three levels by proficiency and importance.

Clients

H&CS has sought to ensure client views obtained in the initial practice

interviews continued to be reflected in the progressive rounds of workforce validation to which the competency data was subjected. Dr. Cooper disputes that this has been achieved and she cites examples where client preferences for humour and better listening on the part of professionals are translated into worker standards requiring a 'sense of humour' and 'effective listening skills'. Dr. Cooper seems to regard this as a major over-simplification. H&CS does take seriously the views of its clients and believes 'a sense of humour' and 'effective listening skills' are clearly understood terms which don't require intensive qualification to elicit practical meaning.

A reference to listening skills cannot be separated from many other skill items in the standards dealing with client assessment, case planning, worker/client relationships and the like which viewed together give a broad context to further interpret this single item.

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As a guide to good practice, the competency standards require application as an integrated whole rather than fragmented concentration on the one or two separate components.

Moreover the competencies are presented within the framework of clear program based statements of purpose and legislative requirements for practice which add further strength to an understanding of the context of work and the interpretation of individual items ^{5,6,7,8,10,11}

H&CS completely reject the article's claims that the competencies

...confirm the state not the client as master in human affairs...and raise fundamental questions about the freedom and liberties of individuals.

This highly selective analysis ignores important themes in standards dealing with client empowerment and client clarification and definition of one's own circumstances. Moreover H&CS client practice occurs in a framework of legislation and legal precedent which contains strong protections for client rights which balance statutory intervention powers. The case planning and other provisions of the *Victorian Children and Young Person's Act 1989*⁵ the statement of service principles and aims of the *Victorian Intellectually Disabled Persons' Services Act 1986*⁸, much of the *Victorian Guardianship and Administration Board Act 1986*⁶ and the applications of common law principles relating to Duty of Care are some examples of this.

The components of the competency standards applying to child protection clearly acknowledge the least preferred but sometimes necessary option of invoking statutory intervention powers in response to child abuse and neglect. If the article's extreme comments imply that such statutory powers are incompatible with effective child protection practice, H&CS suggests the author is offside with community expectations about safeguards for children.

Our clients have not been disenfranchised in the expression of the competency standards.

Practitioners

The outcome of the SEP is the *codified practice wisdom* of its client contact workforce. Stealing a phrase from community development jargon it has been a 'bottom up' process.

The SEP has created a detailed picture of H&CS daily practice transactions and has given us food for thought on other matters. H&CS senior management have learnt from the survey that our front line workers do not believe the organisation communicates effectively with them. We have acknowledged this finding and are taking action in response.

A very large enterprise workforce has spoken about the requirements of good practice and this is being heard

by H&CS. The essence of the enterprise standards is worker experience and not theoretical abstractions created in isolation from the workplace.

Dr. Cooper's assertion that the project has only effectively tapped the views of inexperienced workers is just wrong. Principally the methodology focussed on the participation of the first three levels in the workforce ie, base grade, second level experienced, and first line supervisor. However the project did not ignore legitimate expertise available elsewhere in the organisation capable of refining practice insights emerging directly from work units. In the successive validation stages of the project the views of program experts, trainers, union officials and importantly managers and second line supervisors were sought. The expression of a realistic set of practice expectations which neither under or over estimates the potential of workers has resulted.

Language and Logic

Dr. Cooper sees the language and conceptual expression of the project findings as apparently disjointed and incoherent.

There are some barriers to defending such ridiculous criticism as it is not possible in this article to lay out the competency standards as an integrated whole for all readers to see.

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The language of the standards is that of the workplace and its practitioners and not necessarily the vocabulary and terminology of an educational institution. Having meaning in the workplace is a fundamental test of enterprise or wider industry standards. H&CS is pleased to work with and accept the language of its practitioners.

About one third of the skill ingredients of the standards is common for the entire workforce, another third is common to two or more parts of the workforce and the remaining third is unique to a principal job category (notwithstanding the standards have been prepared to reflect each of the principal job categories). As a consequence, about two thirds of the standards are inter-disciplinary in nature having academic antecedents in a range of disciplines including social work, disability studies, psychology, nursing, welfare studies, business management and the allied health sciences. Industry competency standards projects including enterprise standards are breaking new ground as they are inevitably analysing work practices by program or broad practice field eg, youth work, aged care, disability services and are required to generate an analytical logic which is often inter-disciplinary in its codified expression.

When considered from this vantage point the standards are neither disjointed nor incoherent.

Another logic in the H&CS standards derives from the organisation's case management model which operates across all practice fields. This sequences practice tasks into distinct phases which mirror client contact with one or a number of H&CS services. These phases which have been reflected in the structure and formatting of standards are respectively Intake/Assessment, Planning, Service Provision, Ongoing Case Co-ordination and Monitoring, Evaluation and Review and Case Closure.

Significant effort has been spent in fine tuning the conceptual consistency of the standards and external observers reading draft project documentation are not reporting any serious problems of incoherence.

Values, Ethics, Morality

A thread running through the article asserts that the H&CS standards are without a viable ethical base and have the ultimate purpose of promoting social engineering. This is nonsensical.

Dr. Cooper acknowledges the project does articulate values but argues that

the standards ignore morality. Can she have it both ways?

It is worth re-emphasising that the standards and their underpinning program documentation^{8,11}, legislation^{5,6,10} and common law obligations including duty of care, describe an extensive ethical terrain articulating, to name some precepts:

- *respect of individual differences,*
- *client rights,*
- *individual empowerment,*
- *safeguards against state intrusiveness,*
- *Aboriginal and ethnic relevance,*
- *consumer participation in service provision and*
- *general social justice,*

This terrain is neither the stuff of social engineering or the unfeeling technocrat. It is, however, the justification of H&CS service provision. If this ethical base to H&CS practice did not exist, it would be virtually impossible to argue public resources to sustain the large client practitioner workforce and service system to which the enterprise standards apply. The community services and health industry should focus on values and rights more so than perhaps any other industry. The National Community Services and Health Industry Training Advisory Board (ITAB) is addressing with the National Training Board (NTB) the formatting of national standards in this industry so they clearly reflect a strong value driven and ethical context.

Dr. Cooper's criticisms of the ethical base of H&CS's standards derive it appears from an analysis of incomplete project documentation.

Applications of Project Findings

H&CS are applying the enterprise standards as common building blocks for a range of skill based initiatives. Importantly the standards are not set in concrete and will evolve in response to broader service redevelopment work currently under way.

The standards have been distributed to line managers and supervisors and a 'H&CS Book of Skills' to be available to all work units is in publication. Educational sessions with staff have commenced on the use and application of the standards and the data base

emerging from the project. The focus of these initiatives is to help advance good practice at the local level.

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H&CS in-house training curricula is being restructured to reflect the competencies. Training needs analysis emerging from the survey data is being applied to better target aspects of practice requiring additional training through in-house means.

Recruitment and job selection criteria are being changed in response to the competencies. Similarly decisions on future job designs and work roles are being informed by the enterprise standards.

The H&CS standards have already contributed within the ITAB sponsored national youth work competency standards project, and will contribute towards national competency standards projects in disability and child protection/statutory supervision which commence shortly. This link to national standards development is important as it provides the opportunity for national consistency in standards across state boundaries and between government and non government agencies.

Educational Institutions

All relevant Victorian University and TAFE teaching departments have received draft enterprise standards material and other project documentation. A

number of institutions have already positively reported on the value of the materials as teaching resources.

H&CS and one non-government disability service provider network, in association with the Victorian TAFE system and the Victorian Social and Community Services Industry Training Board, have used the standards to conduct an enterprise review of a key TAFE advanced certificate para-professional qualification⁴. A re-accreditation process for a TAFE Associate Diploma is also currently drawing on the standards.

H&CS recognises that pre-eminent relationships exist between individual academic disciplines and sections of its practice domain. We have therefore sought to establish discipline specific forums with academic departments and professional associations to discuss the competencies and related matters. These forums are intended to encourage academic and professional associations' input into the standards as well as enable H&CS to put before universities and professional bodies its practice expectations of new graduates and advanced practitioners.

The collaborative effort is most advanced with social work where H&CS, the Victorian Schools of Social Work and the Australian Association of Social Workers (AASW) are meeting on a regular basis¹. This forum has resolved that:

H&CS competencies requirements represent a detailed set of practice specifications which can be incorporated into the Schools of Social Work ongoing development of criteria for determining teaching content, teaching methodologies and assessment in professional social work education. The articulation and application of these specifications, the conduct of effective professional education, adequate fieldwork and joint research initiatives will occur through the development and maintenance of suitable collaborative mechanisms between the Professional Association, the Schools of Social Work and the Department of Health and Community Services.

A work plan has been established by the forum and task groups are addressing interrelated issues on field education, professional continuing education, research strategies and the specification of the competencies. To date this work has resulted in proposals for

improved field education and professional support. The process is benefiting the further development of competency standards and already the standards have been amended to include provision for continuing professional education of the workforce.

The President's report of the August 1993 Newsletter of the Victorian AASW positively discusses in some detail this collaboration. Her concluding remarks are:

I believe this development is extremely important as it not only indicates a recognition by the Department that social workers have a major contribution to make but that the AASW has a key role to play with the department to ensure that social workers are supported professionally.²

The Victorian AASW's 1992/93 Annual Report echoes similar sentiments³.

Collaborative action of a like nature has commenced with the Victorian University Schools of Disability Studies. This forum will have a crucial role in future quality assurance decisions in the disability field especially as it is proposed the occupation of Mental Retardation Nurse will not be a registrable category for new graduates under the Victorian Nursing Council after 1995/96. Competency based alternatives to formal registration are being developed in light of this occupational deregulation.

Plans are currently being formulated for dialogue and collaboration with several other academic disciplines and streams including psychology and business studies.

Conclusion

H&CS welcomes debate between academics, professional associations and industry parties on competency standards as there are clearly important issues to reconcile. We regret, however, that Dr. Cooper chose to air her concerns in a public manner without accepting prior invitations from H&CS to discuss the project and learn first hand about its direction and progress. Our strong impression remains that the author has based her analysis on incomplete and dated project information. Flawed conclusions are the result.

We hope Dr. Cooper makes the journey from Adelaide to Melbourne to find out more. ♦

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