NgOIT 2005
Landscape Survey

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The 2005 NgOIT Landscape Survey is the product of collaboration. It represents a significant contribution of time, effort and energy from many individuals and community organisations across New Zealand that support individuals and families whose lives are impacted by mental illness and addictions.

The report would not have been possible without the significant support and encouragement we have had from Government and District Health Board colleagues.

The Platform Team – Marion Blake, Anne Bristol and David Bradley – wish to thank all the individuals and organisations that have supported and participated in this project

Executive Summary

The NgOIT Landscape Survey is a significant project within New Zealand mental health and addiction services Non Government Organisation (NGO) sector as it represents a national collection of data provided by the sector about the current position of many of the NGO's that deliver services.

Of particular note is that NGO's often deliver mental health and addiction services alongside and within other services, e.g. disability support or aged care. This is the unique feature of the NGO sector that differentiates their activity from the District Health Board provider. This feature also has the potential to frustrate a single solution when it comes to information collection.

There is currently very little sector activity in the area of outcomes and this indicates that major areas of input will be needed if we are to achieve a nationally consistent NGO culture of outcome-based thinking. This will also require a consistent centrally-driven direction, the building of infrastructure, investment in sector capability and capacity, commitment and leadership.

There is a continued risk that delays in shaping the future direction and implementation of an electronic system will mean that NGO's will continue to purchase IT solutions that may not be compatible with future requirements.

Recommendations include:

- That MH-SMART, in partnership with Platform Inc. commits to a three year minimum work plan that will deliver methods for reporting of NGO outcomes and that this process is driven by the sector in partnership with MH-Smart, supported by a reference group, mandated by the various government agencies that will have a formal interest in the work.

- That New Zealand continues its exploration of NGO outcome measurement tools in collaboration with the relevant Australian Peak Bodies and other reputable international NGO networks and their respective government or funder bodies.

- That the NgOIT project be continued and developed as an information portal that enables all stakeholders to access reliable, up-to-date national data about the wider mental health, addiction and disability sector.

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Introduction

Non Government Organisations (NGOs) in New Zealand deliver a wide range of mental health and addiction support services that account for one-third of the total national mental health expenditure. The sector is made up of many diverse organisations operating with different structures, purposes and accountabilities. This makes it difficult to access comprehensive information about many aspects of the sector's activity and to be informed about the overall contribution that the sector is making to mental heath and addiction services.

The NgOIT Landscape Survey is a significant project within the New Zealand mental health and addiction services NGO sector as it represents a national collection of data provided by the sector about the current position of many of the NGOs that deliver services on behalf of the Crown.

The NgOIT Landscape Survey was developed as part of the wider research programmes currently in place within the mental health and addiction services sector. It was developed and executed by Platform Inc, The New Zealand Association of Support Services and Community Development in Mental Health on behalf of the Ministry of Health as part of the MH-SMART Initiative. The initial enquiry was about the utilisation of outcome measures within the NGO sector, however it became evident that other information was essential to gain a comprehensive snapshot of the sector's readiness to collect data.

The report comprises both narrative commentary and survey results. The data was analysed and validated by a statistician.

The survey results are a starting point in a longer programme of research, which is required to develop a national collection of information about all NGOs currently contracted by District Health Boards (DHBs) and the Ministry of Health to deliver mental health and addiction services.

The NgOIT Landscape Survey 2005 also provides an important current overview of the NGO sector and serves to improve the sector's view of itself, Government's understanding of NGO mental health and addiction service providers and provide guidance for key funding decisions and future development of reporting and collecting information within these sectors.

Background

NGOs is the commonly used term in the mental health and addictions sector to describe independent community organisations (other descriptions may be voluntary welfare organisations, not-for-profit organisations). NGOs can provide essential health and social services in communities where there would otherwise be no help for people whose lives are impacted by mental illness or addiction and they often work in conjunction with clinical organisations to help provide the variety of mental health and addiction services that New Zealand's population needs. These are diverse organisations that in recent years have become key players in the delivery of a wide range of mental health and addiction services.

Many NGOs now provide their services through contractual agreements with District Health Boards (DHB) and they utilise approximately 28% (Mental Health Commission 2004) of the mental health expenditure. It is therefore critical for the Crown, funders and the sector to have reliable information with which to plan, analyse and support strategic decision making. It is becoming increasingly important to move from an anecdotal to a factual understanding of the non government provider environment.

All New Zealand mental health and addiction providers are seeking a culture that produces good results and supports recovery for people who use mental health and/or addiction services. To do this, NGOs need to be able to collect accurate information that enables them to measure their success, the impact they have and the contribution they make to the support of people who use their services including their recovery. In future the NGO sector will need to measure outcomes to create an understanding of what is happening in the sector and ensure that recovery aims are being achieved.

The NgOIT Landscape Survey has enabled New Zealand NGOs to accurately describe who they are, what work they do, the make-up of their workforce, their information technology (IT) capacity and how they measure the outcomes for their services. Until now there has been no national aggregation of such data therefore this report is beginning to fill some of these gaps.

Initially, the NgOIT Landscape Survey was proposed to be a 12-month piece of work, looking solely at the readiness of the sector to undertake outcome measures. However, as the purpose of the project was to inform the future development and implementation of outcome measurement tools, it became apparent that the survey needed to be much wider in scope and include information about the willingness of NGOs to engage with, understand and use such tools, what their IT capacity was as well as what systems and models were already being used to measure outcomes within the sector.

With this in mind, Platform developed NgOIT as a survey that contained three distinct sections:

- Describing the Organisation
- Describing the Organisation's use of Information Technology (IT) and Information Systems
- Describing the Organisation's use of Outcome Measurements

Mapping the NGO Mental Health and Addictions Sector

At the time this work was commissioned it was not possible to find a single, centralised data source of the organisations that were to be surveyed which were all the mental health and addictions organisations being contracted by the Crown.

Some data was held centrally by Health Pac or by each funder or interested agency. For example each District Health Board held its own list of contractors, some provider lists had been collated for specific purposes (Te Rau Matatini and the Maori Health Directorate of the Ministry of Health had identified Maori providers). However, much of this data contained different fields, there were duplications, gaps and inaccuracies across them.

The first action of NgOIT was to create a single current and searchable data base from all of the various data sources. This was only achieved with the support from colleagues from Funding and Planning Departments of all the District Health Boards of New Zealand and we wish to acknowledge their input. The creation of this database was critical as the success of the project would depend on a strong methodology and the database would become a vital information resource in the future.

Identifying NGOs

Identifying the number and type of NGOs providing publicly funded mental health and addiction services was a vital part of the establishment of a national NGO database. Creating the database that mapped the contracted providers was gathered through a number of phases:

Phase One:

Platform held five NGO databases that contained a wide variety of information. These were consolidated to form one database (the National NGO Database), which would be used for the ongoing process of collecting and validating information about NGOs.

Phase Two:

Further NGO information was sourced from Government agencies and DHBs, including websites such as www.maorihealth.govt.nz, www.matatini.co.nz, www.adanz.org.nz and the Ministry of Health/NGO Working Desk Database. This was used to add, update or correct information held on the National NGO Database.

Phase Three:

The National NGO Database was sent to DHB Mental Health Portfolio Managers and Shared Service Agencies to validate the NGO information collected to that point. This process resulted in identifying 361 NGOs that are contracted to DHBs to provide mental health and addiction services.

Communication Strategy

Platform Inc is a national body with a diverse membership of NGO mental health and addiction service providers and this knowledge of the national NGO environment was a major advantage in the development and promotion of the NgOIT Landscape Survey.

Of the 361 NGO services identified in the Mapping Process, Platform had existing relationships with about 100 of the organisations (representing about 80% of the spend in the NGO mental health and addictions sector). It was essential to develop and implement a communication strategy to establish successful and sustainable relationships with all of the NGOs. The communication strategy was also critical to achieving a good survey response rate.

Branding

The ongoing nature of the NgOIT Landscape Survey meant it was necessary to develop a logo that would be instantly recognisable by NGOs and government agencies; that would generate interest in and respect for the project and that would also serve to promote the NGO sector in general. The NgOIT name was established from the concept "know it".

NgOIT

National Workshops

Workshops were held at pre-existing NGO forums in the main centres to inform organisations about the project, field questions from NGOs and encourage participation in the survey.

Newsletter

The existing Platform national newsletter is circulated every three months to 442 individuals and organisations, and was a useful tool to promote the survey and provide updates about the project to a wider mental health audience.

Platform Website – www.platform.org.nz

The survey and project details were posted to this website and updated on a regular basis.

NgOIT Website – www.ngoit.org.nz

This website was developed specifically for NGOs to provide information about the survey. It was also the source for downloadable versions of the survey and provided access to the online version of the survey.

Encouraging Responsiveness

The aim was to encourage maximum engagement with the survey by as wide a variety of methods as possible. These included providing a toll free number, 0508 Platform, for the duration of the project to answer any questions organisations had about the survey. This help desk function was utilised by 110 smaller organisations.

The national committee members of Platform who represent NGOs throughout New Zealand were also engaged to promote, update and report information about the project to their local NGO forums.

To make responding to the survey as simple as possible, a Freepost number was available for postal communications.

Communication Survey Interface with NGOs

Open, clear communication between Platform and the wide range of NGOs in the sector was vital to ensure a high response rate to the survey. The communication strategy during the survey process involved several stages.

NgOIT Landscape Survey Method

Survey Development

The survey had three distinct areas of inquiry.

Section One – Describing the Organisation

This section was designed to capture information about the diversity of NGOs that currently provide mental health and/or addiction services in New Zealand.

Section Two – Describing the Organisation's use of Information Technology and Information Systems

This section was designed to identify the current IT capability of NGOs. This information will be vital for the future collection and reporting of outcome measurements.

Section Three – Describing the Organisation's use of Outcome Measurements

This section was designed to identify what outcome measurement tools are currently being used by the NGO mental health and addiction sector, and also to identify other types of information that are currently being collected and reported. The MH-SMART Initiative wanted to know what type of outcome measurements are currently being used by the NGO sector as this may inform the direction and development of future outcome measurement tools.

During its development stages the survey was sent to IT specialists, NGOs, Ministry of Health and the MH-SMART Team for comment. The feedback was utilised to modify the survey ahead of producing the final version.

NgOIT Communication Flyer – October 2005

This flyer was sent to all the NGOs on the preliminary database to inform them about the purpose of the survey and this was also used to verify and update contact details. The preferred option for survey completion (electronic or postal) was also canvassed at this stage to assist with the next phase of planning. NGOs that did not respond within a four week timeframe to the NgOIT Communication Flyer were telephoned. This helped increase the response rate significantly.

Survey Timeframe

Survey Packs – December 2005

Survey Packs that contained a hard copy of the survey (appendix two); a covering letter, and self-addressed envelope were distributed on 1 December 2005 to the 361 NGOs identified in the mapping process. The closing date for the collection period was 31 December 2005.

Survey Collection Period Phase One: 1-31 December 2005

NGOs were able to choose between three survey response options:

Online

Survey packs distributed 1 December 2005.
Emails were sent out to all NGOs which contained a unique identification number which gave access to the online survey website.

After NGOs completed the survey online it was automatically linked to the service database so the information could be correlated.

Postal

Survey packs distributed 1 December 2005.
Information from the returned packs was entered into the service database manually by Platform staff.

Telephone Support

Survey packs distributed 1 December 2005.
Appointments were made to conduct the survey over the telephone, with the information usually directly entered into the service database.

At the end of the first collection period, 47.09% of NGOs had completed and returned their surveys.

Survey Timeframe Extension

A decision was made to extend the survey timeframe to increase NGO participation; this was based on the collection period being over a major holiday period which had produced slow responses from some organisations.

Survey Collection Period Phase Two: 1-31 January 2006

The closing date for returning completed surveys was extended to 31 January 2006. Letters were sent to all NGOs explaining the new closure date and calling for completed surveys. Phase two of the collection process increased the survey response rate from 47.09% to 53.73%

Survey Collection Period Phase Three: Final Closing Date 31st March 2006

During the final collection period, an extra survey pack was sent to the remaining NGOs who had yet to complete the survey. These extra packs were sent on 8 March 2006, with a closing date for return of 31 March 2006. Phase three increased the survey response rate to 65.3%

After Phase Three, four other responses were received, but were too late to form part of this report.

Summary Survey Response Rate

The following table represents the number of NGOs that have completed the survey, with the corresponding survey response rate for the three collection periods. This calculation is based on the total NGOs available for the survey (361).

Collection Period	No of NGOs (returned surveys)	Survey Return Response Rate
Phase One	170	47%
Phase Two	26	7%
Phase Three	36	10%
Total Response Rate	**232**	**64%**

Summary of Survey Response / Non Response by DHB

Of 361 NGOs identified, 232 (64.26%) responded following the completion of the three collection periods that have been described in the section NgOIT Landscape Survey Method. (Note four responded too late to be included into this report).

Of the remaining 125 non respondents, 34 informed Platform they felt: "over-surveyed"; certain personnel required to assist with the completion of the survey were away; there was not enough time to complete the survey; they were too busy.

A few (3) services had closed, and four services were not contracted to provide direct mental health services (i.e. they provided training or health promotion).

DHB Region	Response / No Response	DHB Region	Response / No Response
Auckland	27 / 8	Bay of Plenty	20 / 21
Canterbury	39 / 17	Capital & Coast	21 / 8
Counties Manukau	5 / 5	Hawkes Bay	6 / 2
Hutt Valley	8 / 3	Lakes	9 / 12
Midcentral	7 / 2	Nelson / Marlb	11 / 6
Northland	8 / 3	Otago	21 / 3
Southland	8 / 7	Sth Canterbury	4 / 1
Tairawhiti	2 / 1	Taranaki	9 / 5
Waikato	12 / 10	Wairarapa	3 / 3
Waitemata	10 / 7	Whanganui	6 / 1

Statistician Comments

Some of the DHBs had few NGOs. Those with fewer than 15 identified NGOs were combined for analysis of response rates by DHB. There was a significant variation in response rates (chi-square(10) = 21.04, p = 0.021). This was primarily due to the unusually high response from the Otago DHB, where 21 out of 24 NGOs responded.

Establishment dates are known for 331 of the NGOs (all 236 responders and 95 of the 125 non-responders). The median establishment year for both groups is 1994 and their distributions of establishment dates are similar (Wilcoxon two-sample test: z = 1.03, p = 0.30).

In the current climate, a response rate of approximately two-thirds is to be expected. Despite the reasonable national and establishment dates representativeness of the sample, as far as can be ascertained from the limited information available, some caution should be exercised in interpreting the statistics in this survey too narrowly. It is possible that the one-third of NGOs who did not respond differ in some important, but unknown, ways from those who did respond.

Survey Results

The collected data from the 232 NGOs that participated in the 2005 Landscape Survey has been analysed and interpreted by a statistician. Not all questions within the Landscape Survey were analysed as a small proportion of the data collected was known to be incorrect. This was sometimes due to the phrasing of the question, e.g. question 8 asked "How many people (service users) has your organisation provided support services to in the 12 month period ending 31st October 2005?" With no additional guidance provided with this question, some respondents replied with numbers of individuals and others responded with number of attendances. Another example is where the number of responses was very low, or the person completing the survey did not have access to the information required by the question.

Defining organisations by size is an important feature of this survey. Size and groupings have been based on the number of staff the organisation employs using full time equivalents (FTEs) and a standard definition of a full time equivalent was provided (see FTE definition glossary). For some organisations mental health and addictions is not the only activity or area of service delivery they undertake, or are funded to undertake (see later discussion). In order to assess and identify the amount of mental health and addictions activity workforce, organisations were asked to clarify the number of staff they employed specifically to deliver mental health and addictions services.

For a number of questions analysed, the most important associated variable to consider is the FTEs of the organisation and of those, the ones concerned with mental health and or addiction service delivery. Therefore the first step was to decide how to categorise or group the total FTEs employed by organisations and those FTE numbers employed by organisation for the delivery of mental health and or addiction services.

The following categories or size grouping of FTEs have been utilised throughout this Landscape Report to interpret, analyse and report on most of the data collected through the 2005 Landscape Survey. The following table represents FTE numbers that the organisation employs specifically for the delivery of mental health and or addiction services and this should be utilised to interpret all questions within the survey results.

The groupings of organisations by FTE size was advised by the statistician based on the analysis of the results.

Total FTEs employed for mental health and or addiction services	Percent	Size of organisation	No of organisations
Less than 2	19.4%	Very small	45
More than 2, less than 5	28.5%	Small	66
More than 5, less than 10	22.4%	Medium	52
More than 10 less than 50	25.0%	Large	58
More than 50	4.7%	Very large	11
Total organisations			**232**

The following table represents the total FTEs the organisation employs. This table should be utilised to interpret question 13 only.

Total worked FTEs employed by the organisation	Percent	Size of organisation	No of organisations
Less than 2	15.5%	Very small	36
More than 2, less than 5	24.6%	Small	57
More than 5, less than 10	22.0%	Medium	51
More than 10 less than 50	28.9%	Large	67
More than 50	9%	Very large	21
Total organisations	**100**		**232**

Section One – Describing the Organisation

This section was designed to assemble an up-to-date overview about the nature of the organisations and increase the understanding of the environment in which they are currently operating.

The informants reported that the most important time of development for many of the community organisations that responded corresponded to the active years of closing psychiatric hospitals throughout New Zealand. A total of 157 or 68% of the organisations surveyed have been in operation for about 10-15 years, this also coincides with the period of major changes in New Zealand's health policy and health sector structures described by Gault (2003) as the most restructured health system in the developed world. Since 1993 a community service provider could have been contracted to provide services by the Health Board, Transitional Health Authority, Regional Health Authority, Health Funding Authority, Ministry of Health and latterly a District Health Board.

This demonstrates that the last 10 years have been active and changeable times and the information collected in this report may not have been possible before now.

A Diverse Sector

The survey confirms that the sector is mainly made up of organisations that have charitable trust status. These will be organisations that are structured as "not for profit" which means that they do not return a profit to any individual or shareholder but any surplus or "profit" that is achieved is applied to the "charitable purpose"[1] for which the organisation exists.

This is the way that many organisations fund service developments and innovations. Ninety five percent of the organisations use formally elected or appointed governance boards.

The survey illustrates the wide variety of organisations, their size, differing structures and many purposes for which the Crown contracts with them to deliver a diverse range of activity that constitutes mental health and addiction services. The responses indicate that Vote Health is the significant single source of funding for the sector via District Health Boards and the Ministry of Health. However it should also be noted that other Government departments particularly those of the Ministry of Social Development contribute to the complex funding sources of the sector. The multiple funding streams represent the ways NGOs have been funded over the years.

1 *Charitable purpose* has a specific meaning in the law. To have a charitable purpose, the rules or governing document of an organisation must clearly state that its work is for:

- the relief of poverty
- the advancement of education
- the advancement of religion
- any other matters that are beneficial to the community

For an organisation's purposes to be charitable, its aims must also be for a public purpose. The benefit must be available to a large part of the community and the activities must not result in the private benefit or profit of any individual

The role of philanthropic contribution to the sector is not well researched - access to funding and grants is variable and determined by issues such as geography (in the case of some of the Trust funds) or organisational purpose (such as Lottery). The data tells us that 43% of NGOs surveyed considered donations a source of income and of those it is the very small to medium sized organisations where this is occurring the most. This could be an area for further exploration. The source of funding is an important area for further work in order to understand the ongoing sustainability of the sector.

The survey has shown the mix of services delivered, across a wide range of population groups. Mental health and addictions services are often delivered alongside and within other services e.g. disability support or aged care. This is a familiar model in community and social care settings and reflects the generic role of agencies that have developed in response to the needs of the community. This would probably apply particularly in rural environments where numbers of agencies with the capacity to deliver services may be limited. This is the unique feature of the NGO sector that differentiates their activity from the District Health provider of mental health or addiction services where there would be a single client group or diagnosis focus. This feature also has the potential to frustrate a single solution when it comes to information collection.

This survey has reflected the multiple interests of the Crown in the mental health and addictions sector. As the Government's contracting agencies seek to develop or improve their information collection and improve the accountability of community agencies for the use of public funds as discussed by Pilgrim & Buchanan (2004) multiple contracted NGOs will need to be taken into consideration. This will be necessary in order to prevent over/under reporting or the creation of unhelpful complexity.

Diverse Activity

The results illustrate the wide range of activity and services the sector is providing. Whilst the survey provided a range of service categories the other activities identified were: housing support, therapy, outreach, budgeting, personal support, telephone support, volunteer support, street intervention, wrap around services, networking, cultural support, peer support and education. It is not known whether all of this activity is directly funded through contractual arrangements or whether it is activity the organisations have provided to meet needs through other income sources. This does raise questions of the scope of future information reporting such as:

> *Should future information reporting be limited to activity associated with mental health funding, all government funded activity, all activity irrespective of funding source?*
>
> *Should information be collected by one process and shared with all government agencies that are engaged with NGOs for service delivery?*

The responses show the range of populations served by the sector including organisations that identify as providing Maori or Pacific services. The use of "other" as a choice showed that Women, Refugees and Asian people were identified as communities that were being provided with health services.

Whilst most organisations contract with a single DHB it is evident that providing services for more that one DHB is not uncommon particularly for the bigger organisations. The locality of those DHBs was not canvassed and this may warrant more examination as to the type of services that are being contracted. It is noted that this activity increases as the mental health and addiction component of the organisation increases and may indicate that the sector is responding to the market with specialist provision.

Asking about the organisation holding contracts on behalf of others was intended to explore the practise used from time to time in the community sector where a larger organisation holds a contract on behalf of a smaller agency that may not be a legally constituted entity and as such not permitted to contract in their own right. This is sometimes used as a community development practice to allow smaller organisations to undertake activity but not be burdened with contract issues, often when there is specific expertise or skill required e.g. a cultural specialism or consumer experience. This sector development role is often not funded with smaller organisations levering off the existing capacity of the sector. This highlights the hidden cost of developing sector diversity and capacity. There are currently 21 organisations holding contracts on behalf of others.

Workforce Skill Mix

Exploring the staffing of the organisations is a critical piece of work and the questions canvassed in the NgOIT report are high level and will form the basis of further work Platform will undertake in the future. There is a total of 7,692 FTEs employed by the organisations that responded and of those 3,722.5 FTEs are employed for the delivery of mental health and or addiction services. This figure demonstrates an organisation can deliver a range of services. An example of this might be a large service whose core activity is aged care but they have a small mental health contract for which they employ specific staff for that work. Another example may be an Iwi provider with a diverse health portfolio only a small proportion of which is an addiction service. This feature of non government mental health and addictions providers needs to be borne in mind when generalising about the sector.

No definition of unpaid staff was provided so organisations will have applied their own meaning when 232 responded that 53% of them used unpaid staff. We also do not know the range of activities that these people might undertake however given the legal status of many of the organisations some will clearly be part of the governance structure. A recent report that describes the role and contribution of unpaid staff to the community and voluntary welfare environment is the VAVA report (New Zealand Federation of Voluntary Welfare Organisations, Price Waterhouse Cooper 2005).

The National Certificate in Mental Health (Mental Health Support Work) was introduced in 1998 as a minimum qualification for support staff working in mental health settings (note this does not relate to addictions or other service areas). The intention of asking specifically about this qualification was to get a benchmark as to the number of trained staff currently in the workplace. There has been Ministry of Health funding for the course in the form of a training grant and there is an expectation in many service contracts that all employers should support staff to seek this qualification. Of the 121 organisations who responded to the questions about staff who have completed the certificate, there were 770 staff with the certificate currently employed in the workforce (at 31st October 2005).

Tables of Survey Results

Question One: *What is the legal entity of the organisation?*

Charitable Trust or Incorporated Society	191	82.3%
Community Trust	10	4.3%
Limited Liability Company	24	10.4%
Other	7	3.0%
Total organisations	**232**	**100.0%**

82.3% of NGOs surveyed were of Charitable Trust or Incorporated Society and the least being Community Trust (4.3%) while 3% were classified as Other.

Question Two: *Does the organisation have a formal body of people elected or appointed to oversee the governance of the organisation?*

Yes	221	95.3%
No	11	4.7%
Total organisations	**232**	**100.0%**

Over 95% of organisations have a formal body of people elected to oversee governance.

Question Three: *What date was the organisation established?*

Establishment Date	**Size of Organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
before 1985	5	14	9	8	5	41	17.7
1986 - 1990	6	7	9	7	5	34	14.7
1991 - 1995	13	19	13	18	1	64	27.5
1996 - 2000	6	19	16	18	0	59	25.4
2001 - 2005	15	7	5	7	0	34	14.7
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100.0%**

The majority of organisations (approximately 53%) were established between 1991 and 2000. There are only 34 (14.7%) organisations that have recently been established (2001-2005).

Question Four: *What are the sources of funding that the organisation receives?*

Funding source	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
DHB	37	57	46	56	11	207
Chid Youth and Family	4	10	11	12	3	40
MSD / Work and Income	9	8	11	24	6	58
MOH / Mental Health (1)	15	28	26	25	8	102
Dept of Corrections	0	1	2	8	3	14
Ministry of Justice	0	1	3	2	2	8
ACC	1	7	7	7	4	26
MSD / Employment	2	1	3	10	4	20
MOH / Disability	2	8	6	13	4	33
MSD / Community Participation	2	5	6	14	2	29
Donations	23	36	19	21	4	103
Consultancy	3	3	4	2	1	13
Other	9	16	16	10	4	55
Total Funding Source	**107**	**181**	**160**	**204**	**56**	**708**
Total Organisations	**45**	**66**	**52**	**58**	**11**	**232**

(1) In response to this survey question, some NGOs ticked twice when identifying their source of funding for the same service contract i.e. MOH Mental Health and the DHB. It is acknowledged there are some services that are funded by both the MOH and DHB. However, given the survey results, the numbers considerably over represent these joint funded agencies. Therefore, this information is incorrect.

Based on this information, we can see that the NGO sector does not necessarily receive funding from only one source but multiple sources. The biggest funding source for the NGO sector is the DHB, while the smallest funding source is the Ministry of Justice with only 8 organisations receiving funding.

Question Five asked: *Approximately what percentage of the organisation's total income is contracted to the District Health Board and or Ministry of Health for the delivery of mental health and or addiction services?*

This question was not analysed as the data collected was known to be incorrect (see page 10).

Question Six: *Does the organisation provide service for:*

Services are provided for	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Mental Health	42	57	45	55	11	210
Addiction	8	13	22	20	4	67
Disability	8	13	12	16	6	55
Research/Community Development	5	6	7	5	1	24
Other	7	11	11	6	1	36
Total services provided	**70**	**100**	**97**	**102**	**23**	**392**
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**

From this table, the results show NGOs provide different types of services and each organisation may provide more than one type of service. 210 of the 232 NGOs that responded provide mental health services, while 24 of the NGOs that responded provide research/community services.

Question Seven: *What type of mental health services does the organisation provide?*

Service type	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Housing	11	15	19	33	8	86
Community Support	16	34	26	35	9	120
Employment	4	12	8	21	7	52
Peer Support	19	22	17	17	5	80
Education Programmes	16	27	23	21	7	94
Recreation & Leisure	7	19	14	21	4	65
Advocacy	14	29	18	19	5	85
Family / Whanau	14	21	11	12	2	60
Telephone Support	10	16	18	19	5	68
Counselling	11	13	12	17	4	57
Training	0	9	7	16	9	41
Packages of Care	14	31	18	28	8	99
Day Activities	18	28	23	25	6	100
Other	9	19	11	15	2	56
Total service types	**163**	**295**	**225**	**299**	**81**	**1063**
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**

There are many different types of mental health services that are provided by NGOs as identified in this table. A total of 120 organsiations provide community support services, while only 41 organisations provide training services.

Question Seven: *What type of addiction services does the organisation provide?*

Service type	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Housing	2	5	9	7	3	26
Day Programmes	6	10	5	11	4	36
Support Groups	6	11	9	14	4	44
Individual Counselling	6	11	18	15	4	54
Education Programmes	7	10	16	12	4	49
Other	5	11	5	8	4	20
Total service types	**32**	**58**	**62**	**67**	**23**	**24**
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**

The results for this question were very similar to the previous question. A total of 54 surveyed NGOs provide individual counselling services, while 36 surveyed NGOs provide housing services.

Question Eight asked: *How many people (service users) has your organisation provided support services to in the 12 month period ending 31st October 2005?*

This question was not analysed as the data collected was known to be incorrect (see page 10).

Question Nine: *What population groups does the organisation specialise in?*

Specalist group	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Child Health	2	14	12	14	2	44
Youth Health	8	18	17	22	4	69
Adult Health	40	54	43	45	11	193
Maori Health	13	22	22	22	2	81
Pacific Health	6	10	9	6	1	32
Older People Health	10	16	14	14	4	58
Other	7	11	4	7	1	30
Total specialist groups	**86**	**145**	**121**	**130**	**25**	**507**
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**

Of the NGOs that responded, 193 of them specialise in the adult health population group while only 32 of the NGOs surveyed specialise in the Pacific Health population group.

Question Ten: *Does the organisation provide services in more than one District Health Board?*

Provides services to more than one DHB	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	6	15	13	28	9	71	30.6
No	39	51	39	30	2	161	69.4
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100%**

Results showed that 69.4% of the organisations do not provide services for more than one DHB.

Question Eleven: *Does the organisation hold mental health contracts on behalf of other providers?*

Contracts on behalf of other providers	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	2	4	6	8	1	21	9.1
No	43	62	46	50	10	211	90.9
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100%**

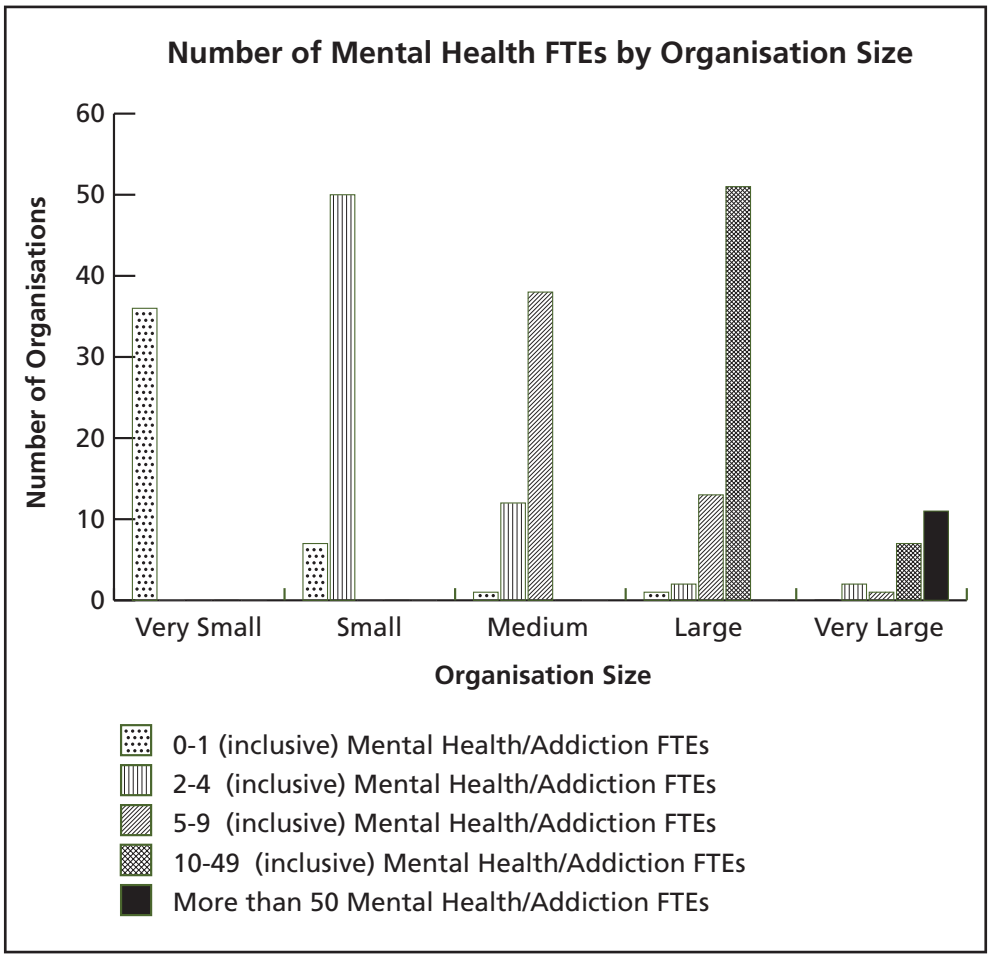
Over 90% of organisations do not hold mental health contracts on behalf of other providers.

Question Twelve: *What is the total number of staff employed by the organisation as at 31st October 2005?*

Total number of staff	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	6					6
2 - 4	28	22				50
5 - 9	7	25	19			51
10 - 19	4	10	20	13		47
20 - 49	0	5	10	30		45
50 +	0	4	3	15	11	33
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**

Question Thirteen: *How many Worked Full Time Equivalents does the organisation employ as at 31st of October 2005? And how many of those worked Full Time Equivalents are for the delivery of mental health and or addiction services?*

Total worked FTEs in the organisation	Mental Health/Addictions FTEs in the Organisation					
	0-1 inclusive	2-4 inclusive	5-9 inclusive	10-49 inclusive	More than 50	**Total**
Very Small	36	0	0	0	0	**36**
Small	7	50	0	0	0	**57**
Medium	1	12	38	0	0	**51**
Large	1	2	13	51	0	**67**
Very Large	0	2	1	7	11	**21**
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**



The above table and graph represents the number of organisations with their averaged number of Mental Health/Addiction FTEs grouped by the five respective organisation sizes (i.e. Very Small, Small, Medium, Large, and Very Large). These results show that even though an organisation may be grouped as being Large, there are still occasions where they may have a small number of Mental Health/ Addiction FTEs. For example, there are a total of 67 Large organisations and of these orgaisations, two of them only have between two and five Mental Health/ Addiction FTEs.

Question Fourteen: *Does the organisation utilise unpaid staff?*

Unpaid staff	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	31	41	28	22	1	123
No	14	25	24	36	10	109
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**
% of organisations	68.9	62.1	53.9	37.9	9.1	53.0

Of the total number of organisations who responded to the survey, 53% utilise unpaid staff. Of the organisations with less than 2 FTEs (very small organisations) 68.9% utilise unpaid staff while only 9.1% of the organisations with more than 50 FTEs (very large organisations) utilise unpaid staff.

Number of unpaid staff	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
More than 1 less than 5	14	23	13	10	0	60	49.6
More than 5 less than 10	11	6	5	6	0	28	23.1
More than 10	6	11	9	6	1	33	27.3
Total organisations using unpaid staff	**31**	**40**	**27**	**22**	**1**	**121**	**100%**

Almost half (49.6%) of the organisations that utilise unpaid staff have between one and five unpaid staff; 23.1% have between five and 10 unpaid staff and 27.3% have more than 10 unpaid staff.

Question Fifteen: *What is the total number of staff that have completed The National Certificate in Mental Health?*

Number of staff who have completed the National Certificate in Mental Health	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Less than 5	12	34	21	14	1	82
More than 5 less than 10	0	3	5	11	0	19
More than 10	0	0	0	13	7	20
Total organisations with any staff having this qualification	12	37	26	38	8	121
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**
% of organisations with any staff having this qualification	26.7	56.1	50.0	65.5	72.7	52.2

Only 52.2% of the total organisations that responded to this question had staff that had completed the National Certificate in Mental Health. The "Very Large" organisations had the highest number (72.7%) of qualified staff while the "Very Small" organisations had the least (26.7%).

What is the total number of staff training towards the National Certificate in Mental Health?

Number of staff who are training for the National Certificate in Mental Health	**Size of organisation**					
	Very Small	Small	Medium	Large	Very Large	**Total**
Less than 5	12	20	18	25	2	77
More than 5 less than 10	0	0	1	7	2	10
More than 10	0	0	0	4	3	7
Total organisations with any staff training for this qualification	12	20	19	36	7	94
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**
% of organisations with any staff training for this qualification	26.7	30.3	36.5	62.1	63.6	40.5

Of the total organisations 40.5% have staff who are training for the National Certificate in Mental Health. Of these organisations the "Very Large" have 63.6% currently training for the qualification while only 26.7% of the "Very Small" organisations are training for qualification.

Question Sixteen: *Does the organisation have a workforce development plan or similar?*

Development plan	**Size of organisation**					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	21	43	37	51	18	170
No	15	14	14	16	3	62
Total organisations	**36**	**57**	**51**	**67**	**21**	**232**
% of organisations with a workforce development plan	58.3	75.4	72.6	76.1	85.7	73.3

Of the total organisations 73.3% have a workforce development plan or similar. Again the "Very Large" organisations have the highest score, while the "Very Small" organisations have the lowest score at 85.7% and 58.3% respectively.

Section Two – Describing the Organisation's Use of Information Technology and Information Systems

This section of the survey was designed to identify the current IT capability of NGOs. In 2005 the National Mental Health Information Strategy was introduced, which presented compelling reasons why there was an urgent need to improve the collection of mental health information. The NGO sector was identified as a priority area; "most NGO providers have limited capability to connect and participate in a local information system let alone a national information system". "It is recommended that initial activity focuses on the priority area that will have the most benefit for most NGO providers, rather than developing isolated points of excellence". (Ministry of Health 2005).

As the NgOIT Landscape Survey was going out to the sector in late 2005 it was agreed to work closely with the Ministry of Health to include areas that would assess the current position of the organisations with the intention of using the information to assist with future decision making.

Use of Computers and Internet

An initial screening question identified that of the 232 organisations that answered, 222 of them were using computers and associated software. The rest of the questions in the section were therefore directed to those 222 organisations. Most of the 10 organisations who used no computers fell into the category of "Very Small", however one organisation is in the "Large" category.

The most common applications are for financials, payroll and simple word processing. This is understandable as financial reporting is the most common form of accountability and all organisations are required to present financial data for audit purposes. There is low utilisation of client management systems which is not surprising given that reporting is driven by service contracts that are based on inputs and outputs in the form of numerical data rather that outcomes achieved e.g. number of respite beds used. The development of information that can drill down to individuals will need to utilise client management systems and this will become a key requirement for future information capture.

Most computers purchased now usually come with word processing software as standard.

Organisations were asked how well they thought the integration of their software impacted on their business efficiency; there does not appear to be any relationship between the size of the organisation and business efficiency.

There is currently little sharing of data or programmes either with District Health Boards or other NGOs and this is a gap that will have major implications for future information sharing between NGOs/DHBs and primary health practitioners. The need for the mental health sector to operate as part of an integrated continuum of care for consumers and have systems that permit the easy transfer of information was identified by the National Mental Health Information Strategy (P7). Manual paper based information sharing is still the most common way that information, referrals etc are shared between NGOs and DHBs.

Forty percent of the organisations (89/222) who responded have some form of a publicly accessible website. Detail about the content was not canvassed and therefore little is known about the type of material displayed, its purpose, utilisation or the target audience of these sites. Only 16% of staff in organisations (37/222) used intranet and this was mainly a feature for the larger organisations.

The use of internet is common in the sector with 96% of respondents (222/232) having access to the internet and of those 70% (156/222) have access in all workplaces. However the uptake of broadband is only 60% of NGOs (135/222) and the remaining are still using dial up. The reasons for the poor uptake of broadband by NGOs (e.g. cost or geography) were not canvassed. This will need further work if in the future electronic data transfer is envisaged.

The number of computers available for staff use increases in larger organisations but even very small organisations have the use of at least one computer.

The use of laptops, PDAs and tablet computers is very much the domain of the larger organisations. The use of mobiles exists within 76% of organisations (174/222).

Most organisations prefer to own rather than lease their IT equipment and 95% (212/222) have equipment bought in the past three years. Training appears to occur more often in-house and 60% (135/222) reported that they had access to a help desk type support.

Mental Health Information National Collection (MHINC)

"The NGO sector's lack of apparent capability severely limits the provider's ability to contribute MHINC data towards the national collection held by the NZHIS" (MOH 2005)

The Mental Health Information National Collection (MHINC) is a national database of mental health information held by the New Zealand Health Information Service (NZHIS) that was originally authorised by the Minister of Health in September 1997. As part of the development of MHINC the NZHIS undertook to provide NGOs with a means of capturing and reporting mental health information. The intention was to both support the NGO business as much as possible as well as provide MHINC information (MHINC 2003). Since then there have been two programmes that have been intended to achieve that objective. The Community Reporting System (CRS) was reported to be unsuccessful and abandoned in 2002, (MHINC 2002). The Ministry was still committed to providing software for NGOs to report data to MHINC and began work with a redesigned programme called Mental Health Information Reporting System (MHIRS). This programme was publicly tendered but has never eventuated with a solution for NGO information collection. In the absence of an electronic data collection system a small number of NGOs were approved for paper reporting and more recently a number have undertaken electronic reporting.

Of the 232 organisations that responded to the question about reporting to MHINC 59 responded that they were reporting and of those only 13 were reporting electronically. These figures are inconsistent with the publicly available data that notes there are a total of 33 NGOs reporting to MHINC and three electronically (Mental Health Commission 2004 and NZHIS 2004).

The basis of any future NGO information collection/reporting and transfer to national information collection programmes is fundamental and this will present a major piece of work for the future. The Ministry of Health is currently undertaking a National Data Integration Project that will combine MHINC and the MH-SMART Programme to establish one data collection system. The Ministry will initiate a process to oversee the various work streams from the two main programmes under the project Programme for Integration of Mental Health Data (PRIMHED). It is intended that the Mental Health Information Reporting System (MHIRS) will enable NGO providers to collect and report integrated MHINC and MH-SMART data by electronic means to the national collection system.

There is, however, continued risk that delays in shaping the future direction and implementation of an electronic system will mean that NGOs will continue to purchase IT solutions that may not be compatible with future requirements.

Future Planning

There were a series of questions that asked the organisations what IT developments they were planning for the future. Having an information systems strategic plan was not on the radar for 15 organisations but the proportion of those who did have a plan increased with the size of the mental health and addictions workers of the organisation. Upgrading business software is planned in the next year by 80% of the organisations who responded. This highlights how critical it is to advise the NGO sector of future information reporting requirements and the potential costly implications of any future delays.

Tables of Survey Results

Application/Software

Question One: *Does the organisation use a computer software program to manage all or part of its business?*

Uses computer software programme	**Size of organisation**					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	39	64	51	57	11	222
No	6	2	1	1	0	10
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**
% of organisations using software	86.7	97.0	98.1	98.3	100.0	95.7

Almost all of the organisations (95.7%) utilise a software program to manage all or part of its business. There appeared to be no relationship between the size of the organisation and software use as demonstrated by the fact that 86% of very small organisations still used software programmes.

Question Two: *Which business processes are supported by computer software?*

Supported business processes	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Financials	28	54	44	53	11	190
Payroll	17	34	40	52	10	153
Human Resources	5	15	12	25	9	66
Simple word processing	36	61	40	53	9	199
Client/service user admin	21	38	24	32	6	121
Client/service user clinical	9	24	21	28	5	87
Workforce Management	14	30	17	21	4	86
Other	8	14	14	20	4	60
Internal Development	3	8	6	8	4	29
Total supported business processes	**141**	**278**	**218**	**292**	**62**	**991**
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**

The above table shows the different business processes that are supported by computer software. There were 199 organisations that selected simple word processing. The least common process selected by organisations was Internal Development processes.

Question Three: *How would you describe the level of integration of the organisation's software?*

Level of integration of organisation's software	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Poor	4	14	3	8	2	31	13.9
Fair	19	19	22	15	2	77	34.7
Good	11	25	19	23	5	83	37.5
Excellent	5	6	7	11	2	31	13.9
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Most of the organisations had fair and good levels of integration of organisation's software with 34.7% and 37.5% respectively. The level of integration did not seem to be affected by the size of the organisation as shown in this table.

How much do you consider this to affect the organisation's business efficiency?

Affects business efficiency	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Not at all	4	6	4	2	0	16	7.2
A little	7	13	8	8	2	38	17.1
Moderately	13	23	22	23	4	85	38.3
Significantly	15	22	17	24	5	83	37.4
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Approximately three quarters of the organisations believed the level of integration of organisations' software affected business efficiency either moderately (38.3%) or significantly (37.4%). This pattern was observed regardless of organisation size.

Question Four: *Does the organisation share computer software programmes with other NGOs or DHBs?*

Shares computer software programmes	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	1	3	5	7	3	19	8.6
No	38	61	46	50	8	203	91.4
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Only 19 of the 222 organisations that use computer software (8.6%) share such programmes with other NGOs or DHBs

Question Five: *Does the organisation share service delivery/contract information with other NGOs or DHBs?*

Shares service delivery/contract information	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Not at all	25	45	29	32	7	138	62.1
A little	8	11	10	8	3	40	18.0
Moderately	4	6	7	13	1	31	14.0
Significantly	2	2	5	4	0	13	5.9
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

The majority of the organisations using software (62.1%) do not share service delivery or contract information with other NGOs or DHBs. Only 5.9% of the total number of organisations selected the option that they significantly shared service delivery/contract information with other NGOs or DHBs.

Question Six: *Does the organisation have a public facing website?*

Organisation has public facing website	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	7	21	18	32	11	89
No	32	43	33	25	0	133
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with a public facing website	17.9	32.8	35.3	56.1	100.0	40.1

Larger organisations appear to be more likely to have a public facing website than smaller organisations. Note 17.9% for "Very Small" organisations compared to 100% for "Very large".

Question Seven: *Does the organisation have an intranet site?*

Organisation has intranet site	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	1	4	5	20	7	37
No	38	60	46	37	4	185
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
Percent of organisations with an intranet site	2.6	6.3	9.8	35.1	63.6	16.7

This table suggests, quite markedly, that larger organisations are more likely to have an intranet site. This is likely to be because larger organisations have more reason to use intranet sites to communicate with each other and share information.

Networks

Question One: *Does the organisation have internet access at all workplaces?*

Organisation has Internet access at all workplaces	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	24	47	38	38	9	156
No	15	17	13	19	2	66
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
Percent of organisations with internet access at all workplaces	61.5	73.4	74.5	66.7	81.8	70.3

There appears to be a greater access to the internet at all workplaces as the organisation size increases. However, this trend is disrupted by the results collected from the respondents of the "Large" organisations as shown in the above table.

If NO what is the proportion of workplaces that have internet access?

Proportion of workplaces with access to the Internet	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
0%	2	0	2	0	0	4	6.3
1-25%	1	5	5	6	1	18	28.1
25-50%	2	1	3	3	0	9	14.0
50-75%	5	5	2	4	0	16	25.0
>75%	2	5	2	7	1	17	26.6
Total organisations without internet access at all sites	**12**	**16**	**14**	**20**	**2**	**64**	**100%**

Of the organisations that responded to this question, 6.3% had no access to the internet at all workplaces.

Question Two: *How does the organisation predominately access the internet?*

Predominant access to the Internet	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Dial Up	26	31	12	12	2	83	37.1
Broadband	13	33	39	41	9	135	61.1
Other	0	0	0	4	0	4	1.8
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

The majority of organisations (61.09%) access the internet via broadband while a small group of organisations (1.81%) access the internet via "Other" options. "Other" in this instance refers to frame delay, private office network and external.

Question Three: *What is the proportion of computers at workplaces that are linked into an internal network of some description?*

Proportion linked to an internal network	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
0%	16	17	10	6	0	49	22.1
1-25%	4	5	2	6	1	18	8.1
25-50%	2	2	4	6	0	14	6.3
50-75%	4	8	3	7	2	24	10.8
>75%	13	32	32	32	8	117	52.7
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

About half (52.7%) of organisations have over 75% of workplace computers linked to an internal network. At the other end of the spectrum, 22.1% of organisations had no workplace computers linked to an internal network.

Question Four: *How many staff have their own email address?*

Staff with own email address	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
1	9	7	4	2	0	22	12.5
More than 2 less than 5	9	26	16	4	0	55	31.3
More than 5 less than 10	2	11	13	9	0	35	19.9
More than 10 less than 50	0	6	13	26	4	49	27.8
More than 50	1	1	0	8	5	15	8.5
Total organisations using software	**21**	**51**	**46**	**49**	**9**	**176**	**100%**

NGOs stated it was too difficult to identify the number of individual email addresses within their organisation. (There were 46 organisations that did not complete the question).

Of the organisations that responded to this question, 31.3% had more than two and less than five staff with individual email addresses. One organsiation that was "Very Small" responded that staff with individual email addresses was more than 50. This is a big organisation with a small mental health component.

Question Five asked: *Are staff able to access organisational information remotely via the internet?*

This question was not analysed because the data collected was known to be incorrect (see page 10).

Hardware

Question One: *How many of the following hardware devices does the organisation provide for staff use?*

PCs for staff use	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	21	11	2	2	0	36
More than 2 less than 5	12	31	19	7	0	69
More than 5 less than 10	1	13	13	13	1	41
More than 10 less than 50	0	4	13	26	5	48
More than 50	0	0	1	4	3	8
Organisations with PCs	34	59	48	52	9	202
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with PCs	87.2	92.2	94.1	91.2	81.8	91.0

This table describes the percentage of organisations using software that also provide access to PCs. The total percentage of organisations that use PCs is 91% with small differences between the different sizes of organisations (ie "Very Small", "Small", etc).

Laptops for staff use	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	11	22	12	13	0	58
More than 2 less than 5	2	10	13	14	4	43
More than 5 less than 10	0	3	8	7	3	21
More than 10 less than 50	0	0	2	7	0	9
More than 50	0	0	0	0	1	1
Organisations with laptops	13	35	35	41	8	132
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with laptops	33.3	54.7	68.6	71.9	72.7	59.5

This table describes the percentage of organisations using software that also provide access to laptops. The total percentage of organisations that use laptops is 59.5%. There is a noticeable difference between the different organisation sizes, e.g. "Very Small" organisations only have 33.3% that use laptops, while the "Very Large" organisations have 72.7% that use laptops.

PDAs for staff use	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	0	2	2	4	0	8
More than 2 less than 5	0	0	2	5	4	11
More than 5 less than 10	0	0	0	1	0	1
More than 10 less than 50	0	0	0	2	0	2
More than 50	0	0	0	0	0	0
Organisations with PDAs	0	2	4	12	4	22
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with PDAs	0	3.1	7.8	21.1	36.4	9.9

This table describes the percentage of organisations using software that also provide access to PDAs. Only 9.9% of total organisations have access to PDAs. There is a marked difference between the different organisation sizes. For example, there is no access (0%) to PDAs at all for the "Very Small" organisations, while 36.4% of the "Very Large" organisations have access to PDAs.

Mobile phones for staff use	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	14	12	4	5	0	35
More than 2 less than 5	9	27	25	7	0	68
More than 5 less than 10	0	6	7	15	1	29
More than 10 less than 50	0	2	8	19	6	35
More than 50	0	0	0	5	2	7
Organisations with mobile phones	23	47	44	51	9	174
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with mobile phones	59.0	73.4	86.3	89.5	81.8	78.4

This table describes the percentage of organisations using software that also provide access to mobile phones. The total percentage of organisations that use mobile phones is 78.4%. There does not seem to be a marked difference between the different organisation sizes, (i.e. "Very Small", "Small" etc.).

Tablet computers for staff use	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	0	0	2	2	0	4
More than 2 less than 5	1	0	1	1	0	3
More than 5 less than 10	0	0	1	1	0	2
More than 10 less than 50	0	0	0	2	0	2
More than 50	0	0	0	0	0	0
Organisations with tablet computers	1	0	4	6	0	11
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with tablet computers	2.6	0	7.8	10.5	0	5.0

Only one in twenty of the organisations (5.0%) have tablet computers.

Question Two: *Does the organisation have internal servers?*

Organisation has internal servers	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Yes	6	27	26	37	11	107
No	33	37	25	20	0	115
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**
% of organisations with internal servers	15.4	42.2	51.0	64.9	100.0	48.2

Less than half (48.2%) of the organisations that use software have internal servers. The "Very Small" organisations and "Very Large" organisations had the lowest (15.4%) percentage and highest (100%) percentage respectively.

If Yes, how many?

Number of internal servers	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
1	5	19	18	16	2	60
2	1	1	5	8	4	19
More than 3	0	1	2	5	5	13
Total organisations using internal servers	**6**	**21**	**25**	**29**	**11**	**92**

15 organisations did not respond to this question.

The majority of organisations (60) that responded to this question have only one internal server, while the remaining 19 and 13 organisations that responded have two and more than three internal servers respectively.

Question Three: *Does the organisation own or lease computer hardware devices?*

Organisation owns or leases computer hardware devices	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Own	37	62	49	48	8	204	91.9
Lease	2	0	0	2	1	5	2.2
Both own and Lease	0	2	2	7	2	13	5.9
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Almost all the organisations (91.9%) own their computer hardware devices. There were only a small number of organisations that leased (2.2%) computer hardware devices and only 5.9% of the organisations that owned and leased computer hardware devices.

Question Four: *What is the average age of the computer equipment?*

Average age of computer equipment	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
<1year	7	7	3	3	1	21	9.5
1-2 years	5	15	13	22	3	58	26.1
2-3 years	19	17	19	22	5	82	36.9
>3 years	6	20	14	9	2	51	23.0
Pre 2000	2	5	2	1	0	10	4.5
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Of the organisations that responded to this question, about three quarters of the organisations had computer equipment that was three years old or less.

IT Support

Question One asked: *Is the organisation's IT hosted by an external organisation? Yes / No*
If yes, what areas of IT are supported by the external provider? Network Infrastructure / Hardware / Internet and email / Software

This question was not analysed as the data collected was known to be incorrect (see page 10).

Question Two: *Does the organisation have tape or disk back up?*

Uses computer software programme	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Tape	1	5	16	22	8	52	23.4
Disk	38	59	35	35	3	170	76.6
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Three quarters of the organisations (76.6%) use disks for backups.

Question Three: *Are the staff able to access a help desk service for computer issues (e.g. software, network, hardware)?*

Organisation has access to computer help desk	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	16	39	31	41	8	135	60.8
No	23	25	20	16	3	87	39.2
Total organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**
% of organisations who utilise a help desk	41.0	60.9	60.8	71.9	72.7	60.8	

Of the 222 organisations using software, 60.8% have access to a computer help desk.

Question Four: *Does the organisation provide computer training to staff internally or access it externally?*

Computer training	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Internal	18	39	25	45	11	138	62.2
External	21	25	26	12	0	84	37.8
Organisations using software	**39**	**64**	**51**	**57**	**11**	**222**	**100%**

Of the 222 organisations using software, 62.2% provide computer training to staff internally and 37.8% access it externally.

Reporting

Question One: *Does the organisation report to MHINC?*

Organisation reports to MHINC	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	12	15	14	16	2	59	25.4
No	33	51	38	42	9	173	74.6
Total organisations	**45**	**66**	**62**	**58**	**11**	**232**	**100%**
% of organisations reporting to MHINC	26.7	22.7	26.9	27.6	18.2	25.4	

This table shows the number of organisations that reported they were reporting to MHINC. Only 25.4% of organisations report to MHINC.

Question Two: *How does the organisation report MHINC data to the MOH?*

Organisation reports MHINC data	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Electronic Form	0	1	4	7	1	13	22.0
Paper Form	12	14	10	9	1	46	78.0
Total organisations reporting MHINC data	**12**	**15**	**14**	**16**	**2**	**59**	**100%**

Of the organisations that said they were reporting MHINC data, 22.0% said they report electronically and the remaining 78.0% said they report on paper form.

Question Three: *Does the organisation compile the MHINC data automatically (i.e. system generated) or manually?*

Automatic /manual compilation of MHINC data	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Compiled Automatically	1	1	4	4	1	11	18.6
Compiled Manually	11	14	10	12	1	48	81.4
Total organisations reporting MHINC data	**12**	**15**	**14**	**16**	**2**	**59**	**100%**

The majority of organisations (81.4%) said they compiled the MHINC data manually and the remaining 18.6% of organisations said they compiled the MHINC data automatically.

Question Four: *If the organisation utilises software to capture and store the data used to submit to MHINC, can new reporting be added to the software?*

Can new reporting be added	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	0	7	6	6	1	20	37.1
No	5	2	2	3	0	12	22.2
Don't Know	6	5	5	5	1	22	40.7
Total organisations using software to report to MHINC	**11**	**14**	**13**	**14**	**2**	**54**	**100%**

5 organisations did not respond to this question.

There were 40.7% of the total organisations that did not know if it was possible for new reporting and 37.1% of the total organisations had software that could accommodate new reporting.

The high response of "don't know" could be due to the lack of IT technical knowledge of the person who completed the survey.

If YES, does the organisation have internal resources to make the change or will this require external resources?

Internal/external resources to make changes	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Internal	0	5	2	3	0	10	52.6
External	0	2	3	3	1	9	47.4
Total organisations	**0**	**7**	**5**	**6**	**1**	**19**	**100%**

1 organisation did not respond to this question.

For the organisations that could accommodate new reporting, 52.6% had internal resources while the remaining 47.4% had external resources to make the change.

IT Strategy

Question One: *Does the organisation have an Information Systems Strategic Plan?*

Information systems strategic plan (ISSP)	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	5	21	21	26	8	81	34.9
No	40	45	31	32	3	151	65.1
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100%**
% of organisations with an ISSP	11.1	31.8	40.4	44.8	72.7	34.9	

The majority of organisations (65.09%) did not have an ISSP.

Question Two: *Does the organisation have plans to purchase new software, upgrade or replace existing software?*

Organisation has plans for new software	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	17	39	27	46	8	137	59.1
No	28	27	25	12	3	95	40.9
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100%**
% of organisations that plan to purchase new software	37.8	59.1	51.9	79.3	72.7	59.1	

The majority of organisations (59.1%) had plans to purchase new, upgrade or replace existing software.

If YES, when will this occur?

When new software is planned?	Size of organisation						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
<1 year	4	19	17	16	5	61	48.8
1-2 years	8	10	6	24	2	50	40.0
3 years	2	2	2	5	1	12	9.6
>3 years	0	1	0	1	0	2	1.6
Total organisations planning new software	**14**	**32**	**25**	**46**	**8**	**125**	**100%**

Of those organisations planning to improve their software, 89% plan to do it within the next two years.

If YES, what business process will the organisation address?

Business process to be addressed	Size of organisation					
	Very Small	Small	Medium	Large	Very Large	**Total**
Financials	7	19	14	19	4	63
Payroll	4	15	13	19	3	54
Human Resources	2	12	11	19	5	49
Simple word processing	5	15	16	17	2	55
Client/service user admin info	9	12	20	26	4	71
Client/service user clinical info	3	8	20	17	4	52
Workforce Management	3	12	13	14	2	44
Other	5	9	8	16	3	41
Internal	0	6	0	6	2	14
Total organisations planning new software	**17**	**39**	**27**	**46**	**8**	**137**

Many organisations selected more than one business process that would be addressed with new software. Organisations were most likely to select Client/ Service User Administration Information Systems and updating Financial Systems, and least likely to select Internal Processes.

Question Three: *Does the organisation's IT capability/strategy address the needs of mobile staff to enable access to service delivery related information?*

Address needs of mobile staff	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	%
Yes	6	9	12	21	7	55	23.7
No	39	57	40	37	4	177	76.3
Total organisations	**45**	**66**	**52**	**58**	**11**	**232**	**100%**
Percent of organisations that have addressed the needs of mobile staff	13.3	13.6	23.1	36.2	63.6	23.7	

The majority of organisations (76.3%) did not address the needs of mobile staff. This table shows larger organisations are more likely to address the needs of mobile staff than smaller organisations.

Question Four asked: *What level of expenditure is planned on IT over the next three years?*

This question was not analysed because of the low response rate to this question.

Section Three - Describing the Organisation's Use of Outcome Measurements

MH-SMART

Understanding how to assess what makes the difference between mental wellbeing and mental illness in people's lives and finding out how effective the state funded interventions is a major quest of most Western mental health systems.

In New Zealand the Mental Health Standard Measures of Assessment and Recovery Initiative known as MH-SMART was established in early 2003 and placed as a development programme with the Health Research Council. The role of MH-SMART was the development, design and implementation of outcome measurement tools to support recovery by promoting and facilitating the development of an outcomes-focused culture in the mental health sector. Mental Health Research and Development Strategy (MHRDS) website (2004). The MH-SMART Initiative aims to develop a range of standardised outcome measurement tools that monitor changes among mental health consumers. Currently, some clinical services are collecting information and reporting using the Health of the Nation Outcomes Scale (HoNOS) tool, but the uptake of outcome measurement practices within the NGO sector was not known.

For some time there has been discussion about the process of developing an appropriate standardised outcome measurement tool for the NGO sector. Engagement with the sector took the form of workshop presentations in 2003 and 2004. Feedback from these meetings highlighted the lack of available information about NGOs and the complexity of this sector.

It was clear that before going any further the MH-SMART initiative needed access to reliable information about the sector and work was begun with Platform to scope how best to achieve this. Addressing the key questions and enquiries of the MH-SMART initiative formed the basis of the NgOIT Landscape Survey. This related to what tools were currently in place within the sector, what capacity NGOs had to collect information and report on it and how outcome measurement tools should best be applied.

NGO Outcome Activity

As was anticipated there were few organisations using a formal outcome measurement tool. This is probably because there has been no direction to the sector from central government/funding about outcome development or reporting. While some larger NGOs are using highly sophisticated outcome measurement models, many smaller NGOs have never utilised them.

Of the 232 who answered this question only 21 reported they were using any measure. Of those six were using HoNOS, three were using the Life Satisfaction and Living Skills Profile and the rest using 12 other separate measures.

Of the 21 organisations 16 have a nominated person responsible for this work and most also use their existing database software to collect the data they need. There is an even spread of the data being entered directly by staff or entered by other staff at a central point but most are using paper forms. Over half of the organisations store the collection of the outcomes data on a separate database.

The small amount of activity in this area demonstrates this has not been a priority for the sector. It also highlights the major scale of activity that will be needed if we are to achieve a nationally consistent NGO culture of outcome thinking. It will require infrastructure development, the building of sector capability, capacity and leadership.

Other Information Collected about People who use Services

It was interesting to note that 90% of the 232 organisations collect other forms of information about the service users the organisation supports and 173 of them prepare reports on this information. This is most often in the form of satisfaction/ questionnaire surveys. A key driver of this could relate to the requirement of the National Mental Health Standards Standard 9 -Consumer Participation.

Tables of Survey Results

Question One: *Does the organisation currently use an outcome measurement tool to collect and report information about people (service users) that the organisation supports?*

Outcome measurement tool	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	%
Yes	1	2	2	10	6	21	9.1
No	44	64	50	48	5	211	90.9
Total	**45**	**66**	**52**	**58**	**11**	**232**	**100%**
% of organisations using an outcome measurement tool	2.2	3.0	3.8	17.2	54.5	9.1	

Twenty One (9.1%) organisations use an outcome measurement tool.

Question Two: *Does the organisation have nominated personnel who are responsible for managing the collection and reporting of the outcome measure?*

Nominated personnel	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	%
Yes	1	1	2	7	5	16	76.2
No	0	1	0	3	1	5	23.8
Total organisations using an outcome measurement tool	**1**	**2**	**2**	**10**	**6**	**21**	**100%**

Of the 21 organisations that used an outcome measure, 76% had nominated personnel responsible for managing the collection and reporting.

Question Three: *Does the organisation collect the outcomes data using existing database software?*

Use existing software	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	0	1	2	6	5	14	66.7
No	1	1	0	4	1	7	33.3
Total organisations using an outcome measure	**1**	**2**	**2**	**10**	**6**	**21**	**100%**

There appears to be no relationship between the size of the mental health part of the organisation and use of existing software. The majority of organisations (66.7%) that collect outcomes data use existing software.

Question Four: *How does the organisation enter the collection of the outcome data when using existing database software?*

Data collection method	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Entered directly by staff	0	1	1	3	2	7	50.0
Entered by other staff at a central location	0	0	1	3	3	7	50.0
Total organisations with outcome tool who use existing database software	**0**	**1**	**2**	**6**	**5**	**14**	**100%**

The fourteen organisations that collect outcomes data using existing database software are evenly divided in their method of data collection using the existing software.

Question Five: *Does the organisation collect the outcomes data on paper forms?*

Use paper forms	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	1	2	2	9	5	19	90.5
No	0	0	0	1	1	2	9.5
Total organisations using an outcome measure	**1**	**2**	**2**	**10**	**6**	**21**	**100%**

Only two of the 21 organisations do not use paper forms.

Question Five: *Does the organisation store the collection of the outcomes data on a separate database?*

Use separate database	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	1	1	1	6	3	12	57.1
No	0	1	1	4	3	9	42.9
Total organisations using an outcome measure	**1**	**2**	**2**	**10**	**6**	**21**	**100%**

Almost half (9/21) of the organisations use separate databases to store the collection of outcomes data.

Question Six: *Does the organisation collect and report other types of information about people (service users) that the organisation supports?*

Collect other information	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	39	62	48	49	10	208	89.7
No	6	4	4	9	1	24	10.3
Total organisations that collect and report other information	**45**	**66**	**52**	**58**	**11**	**232**	**100%**
% of organisations that collect other information	86.7	93.9	92.3	84.5	90.9	89.7	

The majority of organisations (89.7%) collect and report other types of information.

Does the organisation provide reports about this collection of other information?

Provide reports	**Size of organisation**						
	Very Small	Small	Medium	Large	Very Large	**Total**	**%**
Yes	30	50	42	41	10	173	83.2
No	9	12	6	8	0	35	16.8
Total Organisations that collect and report other information	**39**	**62**	**48**	**49**	**10**	**208**	**100%**
% of organisations that provide reports	76.9	80.6	87.5	83.7	100.0	83.2	

The majority of organisations (83.2%) that collect other information also provide reports on that additional information.

Implications For a Future NGO Mental Health Information and Outcome Collection

The range, size, activity and diversity of the sector cannot be underestimated. Therefore the suggestion that a single NGO outcome tool can be applied to all contracted agencies needs extreme discretion.

All Crown funders of services are seeking to improve the accountability of community agencies for the use of public funds. Many of the mental health and addiction providers are contracted by a range of Government agencies. This will need consideration when developing future information collection strategies.

Whilst most organisations contract with a single DHB some are providing services for multiple DHBs. Future information collection will require a consistent approach so that organisations do not have to produce different information, particularly in light of multiple contracts held by single NGOs.

Information is critical to any organisation and the survey demonstrates there are a number of agencies that have developed sophisticated methods of collecting and utilising data.

If data is to be used in the future for activities such as benchmarking about purchasing, future information collection will need to be consistent.

The development of information that can drill down to individuals will need to relate to client management systems and this will become a key requirement for future information capture and not an area where there has been much development to date.

There are still many providers using dial up and this will need to be addressed if, in the future, electronic data transfer is envisaged.

Any future NGO information collection and transfer to national information collection programmes presents a major piece of work for the future. Planning cannot be undertaken by Government in isolation from the end-users, the sector. There is continued risk that delays in shaping the future direction and implementation of an electronic system will mean that NGOs will continue to purchase IT solutions that may not be compatible with future requirements.

At the moment there is little information sharing among NGOs and between NGO's and DHBs. This will need to change if the objectives of the Mental Health Information Strategy are to be achieved.

Current funding is output based and therefore any increased expectations about information management will need to be financially addressed with dedicated funding.

We have learned from the impact of previous collection systems (MHINC) that the diverse nature of the NGO sector will need to be taken into account as the sector needs to consider the relevance and practicality of measures before they will champion them.

There is currently very little sector activity in the area of outcomes and this indicates that major areas of input will be needed if we are to achieve a nationally consistent NGO culture of outcome thinking. This will also require a consistent direction from central government, the building of infrastructure, investment in sector capability and capacity, commitment and leadership.

Conclusions About Outcomes

The NgOIT Landscape Survey shows that the use of formal outcome measures within the sector is limited. This is unsurprising and consistent with international trends. The survey results have, however, provided the clearest picture to date of the size and composition of the NGO mental health and addiction services sector.

The survey results provide a good opportunity to initiate and lead debate and discussion within the sector about the importance of collecting and reporting information, and about how the sector can best provide information about the impact of the services it is delivering.

This is important work and must involve all relevant service providers, funders and Government representatives. The NgOIT Landscape Survey has created a good level of engagement within the sector, as well as providing a base of knowledge that Platform believes needs to be built on through further collaborative research between the sector and the MH-SMART programme.

The agenda for this work plan needs to cover the key issues that have been raised during the survey period about engagement with the ideas and debate surrounding outcome measurement. Further analysis of the survey's narrative feedback is required but some examples of the emerging issues that could form the basis of a future work plan are:

What are the areas that need to be considered as outcomes for NGO service providers? Are they about individuals (the service user), the organisation on its own, or the organisation as part of the wider community system?

How would any individual measure interface with other measures that may be occurring for an individual e.g. HoNOS, or the proposed consumer self-assessed outcome measurement tool?

How does the mental health sector integrate activity in an environment that still operates with disconnected sub-sectors that exist for different diagnosis or funding streams, for example, disability, aged care, mental health?

What are the outcomes the Crown is seeking?

What are the outcomes the funder is seeking?

Should all agencies be required to report outcomes, irrespective of size or contractual requirements?

How can organisations reduce the burden of measuring outcomes if they have additional, contractually based reporting requirements?

Should we be looking at format or principles?

Platform Recommends

1. That MH-SMART, in partnership with Platform Inc, commits to a three year minimum work plan that will deliver methods for reporting on NGO outcomes and that this process is driven by the sector in partnership with MH-SMART, supported by a reference group, mandated by the various government departments and agencies that will have a formal interest in the work.

   Finding appropriate measures of the conditions that create and sustain mental wellbeing is work that is challenging many countries at the moment particularly those that come together through the International Initiative Mental Health Leadership. Given the close relationship between the New Zealand and Australian health sectors around the development of outcomes measures such as HoNOS, we believe it would be appropriate that New Zealand continues its exploration of NGO outcome measurement tools in collaboration with the relevant Australian Peak Bodies and other reputable international NGO networks and their respective Government or funder bodies.

2. That the NgOIT project be continued and developed as an information portal that enables all stakeholders to access reliable up to date national data about the wider mental health, addiction and disability sector.

   This report has identified the specific information requested by MH-SMART and the Ministry of Health; however, there is a significant amount of material and data yet to be mined that has the potential to provide first-class data to underpin decision-making for the health and wellbeing of New Zealanders. The benefits of doing this work would be to:

   - Build on the investment and work that has already been funded;
   - Make the information already collected (via this survey) accessible online;
   - Provide sector intelligence through constant scrutiny of the data available;
   - Allow all stakeholders to maximise the relationships that have been created as a result of this first year's work;
   - Develop modern, accessible means of information exchange that will improve Government's understanding of the sector and the sector's understanding of itself.
   - Further develop relationships with DHB funders and planners, allow for collaborative work planning to inform their strategic decisions;
   - Allow information sharing and collaboration with existing workforce development programmes.

Case Studies – Outcome Measurements

Odyssey House

At Odyssey House, sophisticated reporting and measurement processes have helped the organisation deliver better services for their clients.

As one of New Zealand's largest addiction treatment centres, Auckland-based Odyssey House is leading the NGO mental health and addiction services sector in the use of tailored outcome measurement tools.

Developing a robust research programme has been a key priority at Odyssey during recent years. Dr Alex Davidson, an experienced researcher and Associate Professor at the Uppsala University in Sweden, joined Odyssey in 2002 to establish a statistical database that would allow the Odyssey team to analyse their clients as a whole group, rather than as individuals.

During the development of the statistical database, it was widely agreed that the measurement of outcomes would be an important next step for Odyssey House in delivering better services for their clients. Initially, Dr Davidson was limited to measuring improvement while clients were in treatment but since then, Odyssey House has developed a sophisticated tool to measure progress after clients leave the service.

"It can be very difficult to track patients after they leave Odyssey House, but we received a grant from the Problem Gambling Foundation which enabled us to set up an after-care group comprised of all clients who had gone beyond level two in their treatment," says Dr Davidson.

"This group fills in questionnaires that contain five testing areas on a monthly basis. The data is transferred to our database, and the results analysed statistically to show us how clients progress over time after they leave treatment. We now have both in-treatment and after-care models in full use and for the first time ever we can actually demonstrate the effectiveness of our services," he says.

Odyssey House created their outcome measurement tools from selected tests developed overseas. The key requirements were whether it was appropriate for a therapeutic community, whether its validity and reliability had been established and whether it was short and simple to reduce the administrative burden on staff and clients.

Dr Davidson says that Odyssey House is now using their research to inform practice in the organisation. "We are better able to predict success for clients from the outset and we are making changes to improve our services based on what the statistics are telling us."

"Making the commitment to measuring outcomes puts us in a strong position to be able to justify our work. Because we are a residential service, it is vital that we are able to demonstrate our effectiveness," he says.

Dr Davidson says that Odyssey House is fortunate to have the infrastructure in place to run their research programme. With a full-time staff of 80, 400-500 clients using their treatment services each year and an excellent information technology system, they are one of a handful of larger organisations able to dedicate a full-time staff member to measuring the service's outcomes.

WALSH Trust

The WALSH Trust has adopted a holistic approach to outcome measurement, generating change right across the organisation.

After investigating a range of possibilities for the application of outcome measurement tools within their organisation, Auckland's WALSH Trust has adopted a unique methodology that examines the success of every part of the organisation.

Trust director Rob Warriner says the WALSH Trust took the view that outcome measurement should not focus on client outcomes in isolation. For example how can you hope to provide excellent services to clients if staff are unhappy with their working conditions? The result for them was the development and application of an outcome measurement system that takes a holistic approach to gauging their success.

"Our outcomes are measured across four quadrants within the trust – staff and clients, community, service development and organisational issues. Each quadrant is equally important and can affect the other three greatly, which is why we measure them all," says Mr Warriner.

The implementation of such wide-ranging tools has generated a change in culture for the staff of the WALSH Trust.

"It has required our staff to increase their expectations in terms of what is involved in reporting, as well as getting them to focus on developing their own definition of what achievement is. We are trying to support people to engage with service improvement and change across the whole organisation, not just in client services."

Mr Warriner says that the decision to approach outcome measurements from a cross-organisational perspective means they are capturing and integrating how everything WALSH Trust does impacts on the quality of service their clients receive.

The client outcome measurement tools used by the WALSH Trust include the Life Skills Profile and two self reports, a Satisfaction With Life Scale and a Mastery Scale. The latter two were adapted from well-tested tools developed in the US.

"The Life Skills Profile can be justifiably criticised. Some of the language in this tool is a bit dated but the important thing for us was its validity. It has been in use since the late 1980s and is used in many different countries."

Mr Warriner says the type or age of well-tested outcome measurement tools can often be less important than the way they are used and how the results are interpreted within organisations.

"The real benefits for us have been the shift of culture and focus generated by looking at outcomes more broadly. Service improvement is occurring throughout the organisation which is great for clients," he says.

Take 5 Te Whare Marama

One small, socially focused mental health service provider has made a conscious decision not to measure outcomes.

Twenty-five years ago, a distinctive social group began in Lower Hutt, offering support and companionship for people who experienced mental ill health. Today, that spirit of socially focused care lives on in Take 5 and Te Whare Marama's (Take 5) approach to their client satisfaction.

"We have worked very hard to engender a culture of openness in our organisation, where it's okay to complain or suggest new ideas. Our organisation has always been run with a view to empowering our service users to have a say in the strategic direction of the organisation," says Stephanie Cairns, Take 5 manager.

Take 5 offers a range of arts and social programmes that cater for adults who experience mental ill health. Social support, advocacy, arts and drop-in facilities form the core of their services. As members of the incorporated society, service users have "ownership" of the organisation.

Ms Cairns says that she has considered adopting outcome measurement tools, but a conscious decision was made not to go down this path.

"Our philosophy is that there should be no compulsion to use our services. We measure success by the number of people that come through our doors. It's about choice and participation so the atmosphere is very positive and based on a strong set of values.

"A service like ours is not designed to have a clinical focus, so formal outcome measurement tools are hard to apply. People involved in the mental health system could be associated with up to 10 people or services at once. We made a purposeful decision to not put people through any more assessment or planning situations when they come here," she says.

Take 5 clients are asked simple questions related to what they want to get out of the organisation when they first arrive, and are involved in regular ongoing planning. These directives shape service delivery.

"Many outcome measurement tools are embedded in clinical ideas. We are a community organisation and run on a community development model, so we need to measure ourselves against realistic estimates of what is acceptable in the community, not necessarily clinical ideals. We judge ourselves on what accepted practice would be at, for example, a bowling club or a community education class. You don't have to tick boxes at your local sports club," Ms Cairns says.

Take 5 would consider using an outcome measurement tool that was socially focused, but Ms Cairns says it is very hard to measure the value of a service such as theirs to the individuals that partake in Take 5 programmes.

"For many people, they get immense value from just being able to relax socially in the company of people who understand them and their needs. Those needs change regularly, so our approach changes to accommodate that.

"Outcome measurements are weighty pieces of work to embed in small organisations in ways that are useful. In our case, we need everything we do to add value to our clients, not our funders. It is definitely useful to collect information but it needs to be clearly adding value to what happens for our clients," Ms Cairns says.

Appendices

Appendix 1

List of Mental Health and Addiction NGOs that participated with the NgOIT 2005 Landscape Survey

Abbotsleigh Village
Action for Mental Health Society
Adventure Development Counselling
Alcohol Drug Association New Zealand (ADA) Inc
Alzheimers Canterbury
Alzheimers Society
Arahura Charitable Trust
Arataki Ministries
Aroha Ki Te Tamariki (Mirror Counselling)
Ashburn Clinic
Ashburton Community Alcohol & Drug Service Inc
Athenree Resthome & Hospital Ltd
Auckland Refugees As Survivors Charitable Trust
Awhina Wahine Incorporated
Bainfield Park Residential Care Limited
Bainfield Organic Garden Limited
Balance - NZ Bipolar and Depression Network
Barrence House Limited
Beth-Shean Trust
Beverley House (Beverley Rest Home Ltd)
Bipolar Support Canterbury
BOP Community Homes Trust
Braefield Holdings Limited
Burnley Lodge
CARE Marlborough
Campbell House Trust
CAN Trust
Care NZ Limited
Cargill Rest Home
Caring for Carers Inc
Caroline House Inc
Case Consulting Limited (Buddies Peer Support Service)
Central Potential
Centre Care Trust
Coast Care Trust
Comcare Charitable Trust
Consumer Operated Mental Health Service
Contact Trust Rotorua
Corpac Trust
Corstorphine Baptist CommunityTrust
Council for Mental Well-Being Trust
Creative Arts Trust
Dalcam Ltd St Dominics Lodge

Daybreak Senior Care Centre
Dayspring Trust
Deaf Mental Health Service
Mental Health Community Support Services Ltd (Delamore and Reidy)
Depression Support Network
Drug and Alcohol Support Taupo Trust
Drug Arm Tauranga
Dunedin Community Volunteer Centre Trust
Earthlink Inc
Eating Awareness Team Incorporated
Eating Disorders Services Association
Equip Mental Health Services
Fairleigh Lodge Limited
Familial Trust
Forbury House Trust
Framework Trust
Friends Who Care Inc (Timeout Tai Whakanga)
Future Choices Limited
Gateway Housing Trust
Glenbrook Lodge Mental Health Unit
Gracelands Group of Services
Hanmer Clinic
Hapai Te Hauora Tapui Ltd
He Oranga Pounamu
He Waka Tapu Limited
Health Action Trust and Compass
Healthcare NZ Ltd
Hillcrest Lodge 2000 Ltd
Hinemoa Lodge Ltd
Hinepukohurangi Trust
Hokianga Health Enterprise Trust
Joint Anxiety Disorders Group
Kakapo Organic Garden Ltd
Kapiti Choices
Kapiti Crossroads Charitable Trust
Kapiti Welcome Trust
Karldon Trust
K'aute Pasifika
Kites Trust
Koputai Annexe Trust
Lower Hutt Women's Centre Inc
Mahia Mai A Whai Tara
Mahitahi Trust (Te Puawai Aroha Ki Otara)
Mahora House Inc
Malologa Trust
Mana Community Enterprises Inc
Manaaki House (Wairoa District Society on Alcohol and Drug Misuse Inc)
Manaaki Oranga

Manaaki Trust
Mangakino Country Lodge - Logan & Roberts Limited - Lakes
Manna Healing Centre
Maranga House Trust
MASH Trust Board - Palmerston North
Mental Health Consumer Advocacy Service
Mental Health Consumer Union
Mental Health Education & Resource Centre
Mental Illness Surviours Team (MIST)
Mind and Body Consultants Ltd
Mind Matters Trust
Miramare Limited
Moana House / Downie Stewart Foundation Charitable Trust
Mount View Residential Trust
New Progress Enterprises Charitable Trust
Newell House Trust
Ngati Hine Health Trust
Ngati Koata Trust (Te Kahui Hauora)
Northcare Trust
Nova Trust Board
Oamaru Mental Health Support Charitable Trust
Oasis Network Inc
Obsessive Compulsive Disorder Support Group Charitable Trust
Odyssey House Auckland
Odyssey House Christchurch
Otago Accommodation Trust
Otago Mental Health Support Trust
Otago Youth Wellness Centre
Otepoti Consumer Action on Mental Health
Pacific Peoples Addiction Service
Pacific Trust Canterbury
PACT Group
Pathways to Wellbeing Inc
Pathways Trust
Penina Pacific Health Ltd
Pirirakau Hauora Charitable Trust
Post Natal Therapy Service Limited
Poutiri Charitable Trust
Psychiatric Consumers Trust
Purapura Whetu Trust
Q-nique Ltd
Rakeiwhenua Trust (Tuhoe Hauora Trust)
Raukura Hau Ora O Tainui Trust
Refugee Resettlement Support Inc
Richmond Fellowship NZ Inc
Rostrevor House Inc
Royal NZ Plunket Society Inc

Rubicon Youth A &D Support Services Charitable Trust
S.F. Christchurch (National Office)
S.F. Manawatu
S.F. Otago
S.F. Pegasus Bay
S.F. Southland
S.F. Taranaki
S.F. Wanganui
S.F. Wellington
Salvation Army
Sarona Community Trust
Seedel Homes Limited
Serenity Trust Home
Serious Fun n Mind
Sexual Abuse Survivors Trust
Shared Care Limited (Previously known as Whalan Lodge)
Social Phobia Support Group
Solutions (Northland Mental Health Trust)
Specialised Vocational Services Trust
Spreydon Home
St Clair Park Residential Care Ltd
Step Ahead Trust
Stepping Stone Trust
STOP Trust
Taeaomanino Trust
Take 5 Te Whare Marama
Takitimu Anglican Home
Te Awa O Te Ora Trust
Te Awhi Whanau
Te Hauora O Turanganui A Kiwa Limited
Te Hauora Runanga O Wairarapa Incorporated
Te Korowai Hauroa O Hauraki Incorporated
Te Kotuku Ki Te Rangi Charitable Trust
Te Kupenga Hauora Ahuriri Charitable Trust
Te Ngaru O Ngati Maniapoto
Te Paepae Arahi Trust
Te Puna Hauora o Te Raki Pae Whenua Society Inc
Te Rapuora O Te Waiharakeke Trust
Te Rau Pani Maori Mental Health Trust
Te Roi O Heitiki Charitable Trust
Te Roopu Pookai Taaniwhaniwha Inc
Te Runanga O Kirikiriroa Charitable Trust Inc
Te Toka O Maru O Taranaki Trust
Te Tomika Trust
Te Utuhina Manaakitanga Trust
Te Whanau Manaaki O Manawatu Trust
Te Whanau O Rongomaiwahine Trust

Te Whare Atawhai Society Incorporated
Te Whare Hauora o Ngongotaha
Te Whare Mahana Inc
The Carroll Street Trust
The Christchurch City Mission Foundation
The Haven South
The Higher Ground Drug Rehabilitation Trust
The Mt Albert Community Club Incoporated
The Phobic Trust of NZ
The Post Natal Psychosis Support Group
The White House
Timaru Mental Health Support Trust
Timeout Carers Bureau Limited
Timeout Carers Southland Trust
Tirohia Te Kopere Trust
Toi Ora Live Art Trust
TRANX Incorporated - Canterbury
TRANX Services Inc Auckland
Turning Point Trust
Tutei o te Kau a Kiwa
Vakaola
Vanessa Lowndes Centre
Victoria Trust
Vincent House Trust
Waiheke Island Supported Homes Trust
Waimakariri District Community Development Trust
Waimate Care & Recreation Centre
Wairarapa Addiction Service Inc
Wellington After-Care Association Incorporated
Wellington Refugees as Survivors Trust
Wellink Trust
Wesley Community Action
West Auckland Living Skills Homes Trust Board (WALSH Trust)
West Auckland Mental Health Support Trust
West Auckland Pacific Island Health Fono Inc
Western BOP Mental Health Trust Inc
Whaioranga Trust
Whaioro Trust Board
Whakapai Hauora Charitable Trust (Best Care)
Whakatohea Health and Social Services Trust
Whanganui Community Living Trust
Whau Valley Whaiora Support Trust
Whitewings Charitable Trust
Wings Trust
Wise Trust
Workwise
Youth Horizions Trust

Appendix 2

NgOIT

Undertaken by Platform

Te Pou
o Te Whakaaro Nui

PLATFORM

ABOUT THIS SURVEY

Non Government Organisations in New Zealand deliver a wide range of mental health/addiction support services that account for one third of the national mental health expenditure. The sector is made up of a multitude of diverse organisations operating with different structures, purpose and accountabilities. A consequence of this diversity is that it is difficult to access comprehensive information about many aspects of the NGO mental health /addiction sector activity and be informed about the overall contribution the sector is making to mental heath and addiction services.

In New Zealand we are seeking a culture in the mental health sector that produces results and supports recovery. This means collecting information that enables us to measure how we are doing and the impact we are having. In future the NGO sector will need to measure outcomes to begin to assist with an understanding of what is currently happening in the sector.

The purpose of this survey is to collect current and accurate information about the NGO mental health and addiction sector. This will be used to inform the future development of mental health information collection and reporting. It will add to our understanding about the scope of the sector and will be a foundation to assist with future planning. Platform has been contracted to undertake this work on behalf of the Ministry of Health and the MH-SMART Initiative.

The survey has been developed into three sections

Section One - Describing the Organisation

This section has been designed to capture information about the diversity of organisations that currently exist to provide mental health and or addiction services.

Section Two - Describing the Organisation's use of Information Technology (IT) and Information Systems

This section has been designed to identify the current IT capability of the NGOs. This information will be vital for the future collection and reporting of an outcome measurement.

Section Three - Describing the Organisation's use of Outcome Measurements

This section will identify what outcome measurements are currently being used by the NGO mental health and addiction sector and identify any other types of information that is currently being collected and reported. The MH-SMART Initiative is keen to know what type of outcome measurements are currently being used by the NGO sector as this may inform the direction and development of future outcome measurement tools.

SURVEY INSTRUCTIONS

When completing the survey, please tick one or more boxes as required.

If you have elected to complete the survey on line, go to www.ngoit.org.nz and utilise the ID number located on the front cover of this booklet.

OR

If you have elected to complete the survey by post, complete the attached survey document and return in the self addressed envelope.

OR

If you have elected to complete the survey via the telephone, we will contact you and arrange a suitable time.

There are extra pages provided at the back of this survey if you need to provide further information. Please document the question number that relates to the extra information.

Section One Describing the Organisation

The following tables will describe the organisation's internal function/processes and service detail:

1	What is the legal entity of the organisation? (refer to the glossary for definitions) ☐ Charitable Trust or Incorporated Society ☐ Community Trust ☐ Limited Liability Company ☐ Other (please specify)	
2	Does the organisation have a formal body of people elected or appointed to oversee the governance of the organisation?	☐ Yes ☐ No
3	What date was the organisation established?(using century, year, month, date e.g. 1970 03 12) OR If the establishment date is not known, provide the year that the organisation was established? (using century, year e.g. 1970)	..... CCYYMMDD ..... CCYY
4	What are the sources of funding that the organisation receives? (please tick all that apply)	

☐ District Health Board	Ministry of Social Development **(MSD)**	Ministry of Health **(MOH)**
☐ Child Youth and Family	☐ **MSD** / Work and Income NZ	☐ **MOH** / Mental Health
☐ Department of Corrections	☐ **MSD** / Employment Contract	☐ **MOH** / Disability Support Services
	☐ **MSD** / Community Participation Contract	
☐ Ministry of Justice	☐ ACC	☐ Donations/Grants
☐ Consultancy	☐ Other (please specify)	☐ Other (please specify) .....

5	Approximately, what percentage of the organisation's total income is contracted to the District Health Board and or Ministry of Health for the delivery of mental health and or addiction services?	……%

6 Does the organisation provide services for: (please tick all that apply)

☐ Mental Health Sector ☐ Addictions Sector ☐ Disability Sector

☐ Research and or Community Development ☐ Other (please specify) ……

7 What type of mental health support services does the organisation provide? (please tick all that apply)

☐ Housing ☐ Community Support ☐ Employment ☐ Peer Support

☐ Education Programmes ☐ Recreation & Leisure ☐ Advocacy ☐ Family/Whanau

☐ Telephone Support ☐ Counselling ☐ Training ☐ Packages of care

☐ Day Activities ☐ Other (please specify) …… ☐ Other (please specify) ……

What type of addiction support services does the organisation provide? (please tick all that apply)

☐ Housing ☐ Day Programmes ☐ Support Groups ☐ Individual Counselling

☐ Education Programmes ☐ Other (please specify) …… ☐ Other (please specify) ……

Please provide a brief description of the organisation's Research and or Community Development contract

……

……

……

……

……

8	How many people (service users) has your organisation provided support services to in the 12 month period ending 31st October 2005?	..... No. of people (service users)

9 What population groups or communities does your organisation specialise in? (please tick all that apply)

☐ Child Health ☐ Youth Health ☐ Adult Health ☐ Maori Health

☐ Pacific Health ☐ Older People Health ☐ Other (please specify) .....

☐ Other (please specify) .....

10 Does the organisation provide services in more than one District Health Board Region?

☐ Yes ☐ No

If YES, please tick the DHB regions that the organisation provides services in: (please tick all that apply)

☐ Auckland ☐ Bay of Plenty ☐ Canterbury ☐ Capital & Coast ☐ Counties Manukau

☐ Hawkes Bay ☐ Hutt Valley ☐ Lakes ☐ Mid Central ☐ Nelson/Marlborough

☐ Northland ☐ Otago ☐ Southland ☐ Sth Canterbury ☐ Tairawhiti

☐ Taranaki ☐ Waikato ☐ Wairarapa ☐ Waitemata ☐ West Coast

☐ Whanganui

11 Does the organisation hold mental health and or addiction contracts on behalf of other providers?

☐ Yes ☐ No

12	What is the total number of staff employed by the organisation as at the 31st October 2005? (Include staff from management, admin and service delivery)	..... No. of staff

13	How many Worked Full Time Equivalents does the organisation employ as at 31st October 2005? (refer to the glossary for Worked FTE definition) How many of these Worked Full Time Equivalents does the organisation employ for the delivery of mental health and or addiction service? (Include staff from management, admin and service delivery)	..... No. of FTE's ..... No. of mental health and/or addiction FTE's
14	Does the organisation utilise unpaid staff (volunteers)? ☐ Yes ☐ No If you answered yes, what is the total number of unpaid staff as at 31st October 2005? ..... (no. unpaid staff)	
15	What is the total number of staff that have completed The National Certificate in Mental Health (Mental Health Support Work)? ..... no. of staff who have completed MH Cert What is the total number of staff training towards the National Certificate in Mental Health (Mental Health Support Work)? ..... no. of staff who are working towards the MH Cert	
16	Does the organisation have a workforce development plan or similar	☐ Yes ☐ No

Other Information

1	Please describe any innovations that the organisation has developed within mental health and or addiction service delivery that it would like to profile to the Ministry of Health ....

Section Two Describing the Organisation's Use of Information Technology (IT) and Information Systems

The following tables will describe the organisation's current computer capability and readiness to report and collect mental health consumer information. This section will cover applications/software, networks, hardware, IT support, reporting and IT strategy.

Application / Software		
1	Does the organisation use a computer software programme to manage all or part of its business If NO, go to Reporting within this section	☐ Yes ☐ No
2	Which business processes are supported by computer software? (Please tick all that applies). If the organisation has developed its own unique software tick "internal development" ☐ Financials ☐ Payroll ☐ Human Resources ☐ Simple word processing/spreadsheets/e-mail ☐ Client/service user administrative information ☐ Client/service user clinical information ☐ Workforce Management (e.g. rosters, time sheeting, scheduling) ☐ Other (please specify) ..... ☐ Internal Development	
3	How would you describe the level of integration of the organisation's software?(i.e. data is entered only once and reused many times in different areas of the organisation's business e.g. referral details) ☐ Poor ☐ Fair ☐ Good ☐ Excellent How much do you consider this to effect the organisation's business efficiency? ☐ Not al all ☐ A little ☐ Moderately ☐ Significantly	
4	Does the organisation share computer software programmes with other NGOs or DHBs? If YES please list	☐ Yes ☐ No Details of software programmes? ....

5	Does the organisation share service delivery/contract information with other NGOs or DHBs? (e.g. information that is transferred directly from organisation to organisation electronically (system to system) example electronic referrals/discharges, assessments outcome measurements) ☐ Not at all ☐ A little ☐ Moderately ☐ Significantly	
6	Does the organisation have a public facing website?	☐ Yes ☐ No Website internet address .....
7	Does the organisation have an intranet site? If YES what is it used for	☐ Yes ☐ No Intranet is used for: ....
Networks		
1	Does the organisation have internet access at all workplaces? ☐ Yes ☐ No If NO what is the proportion of workplaces that have internet access? ☐ >75% ☐ 50-75% ☐ 25-50% ☐ 1-25% ☐ 0%	
2	How does the organisation predominately access the internet? ☐ Dial up ☐ Broadband ☐ Other (please specify) ..... Who is the Internet Service Provider?	
3	What is the proportion of computers at workplaces that are linked into an internal network of some description? ☐ >75% ☐ 50-75% ☐ 25-50% ☐ 1-25% ☐ 0%	
4	How many staff have their own e-mail address? ..... (no. of staff)	

5	Are staff able to access organisational information remotely via the internet?	☐ Yes ☐ No
Hardware		
1	How many of the following hardware devices does the organisation provide for staff use? (please tick all that apply) ☐ PCs ☐ Laptops ☐ PDAs ☐ Mobile Phones ☐ Tablet Computers	
2	Does the organisation have internal servers? If YES, how many and what applications does the organisation utilise the servers for?	☐ Yes ☐ No No. of servers ..... Describe briefly server use ....
3	Does the organisation own or lease computer hardware devices? (please tick only one) ☐ Own ☐ Lease ☐ Both own and lease	
4	What is the average age of the computer equipment? ☐ <1 year ☐ 1-2 years ☐ 2-3 years ☐ >3 years ☐ pre 2000	
IT Support		
1	Is the organisation's IT hosted by an external organisation? ☐ Yes ☐ No If YES, what areas of IT are supported by the external provider? (please tick all that apply) ☐ Network Infrastructure (communications) ☐ Hardware (Including servers, pcs, laptops) ☐ Internet and e-mail ☐ Software	

2	Does the organisation have tape or disk back up?	☐ Tape ☐ Disk
	Is the tape or disk stored safely?	☐ Yes ☐ No
	Is the tape or disk stored offsite?	☐ Yes ☐ No
3	Are the staff able to access a help desk service for computer issues (e.g. software, network, hardware)	☐ Yes ☐ No
4	Does the organisation provide computer training to staff internally or access it externally?	☐ Internal Training ☐ External Training
Reporting		
1	Does the organisation report to MHINC (refer to the glossary for definition) If NO go to IT Strategy within this section	☐ Yes ☐ No
2	How does the organisation report MHINC data to the MOH?	☐ Electronic Form ☐ Paper Form
3	Does the organisation compile the MHINC data automatically (i.e. system generated) or manually?	☐ MHINC data compiled automatically ☐ MHINC data compiled manually
4	If the organisation utilises software to capture and store the data used to submit to MHINC, can new reporting be added to the software? If YES, does the organisation have internal resources to make the changes or will this require external resources?	☐ Yes ☐ No ☐ Don't Know ☐ Internal resources ☐ External resources
IT Strategy		
1	Does the organisation have an Information Systems Strategic Plan?	☐ Yes ☐ No

2	Does the organisation have plans to purchase new software, upgrade or replace existing software? ☐ Yes ☐ No If YES, when will this occur and what business process will the organisation address? ☐ <1year ☐ 1-2years ☐ 3yrs ☐ >3years Business processes (please tick all that apply or tick Internal development only if the organisation is going to develop it's own unique software) ☐ Financials ☐ Payroll ☐ Human Resources ☐ Simple word processing/spreadsheets/e-mail ☐ Client/service user administrative information ☐ Client/service user clinical information ☐ Workforce Management (e.g. rosters, time sheeting, scheduling) ☐ Other (please specify) ..... ☐ Internal Development	
3	Does the organisation's IT capability/strategy address the needs of mobile staff to enable access to service delivery related information? If YES, please provide a brief description of how this will occur	☐ Yes ☐ No Brief description ....
4	What level of expenditure is planned on IT over the next three years?	.....($)
5	Does the organisation have any comments regarding the use of IT to support its service delivery, management and reporting capability?	

Section Three Describing the Organisation's Use of Outcome Measurements

Complete the following table that will describe the organisation's readiness to report and collect outcome measurements or similar:

1	Does the organisation currently use an outcome measurement tool to collect and report information about people (service users) that the organisation supports? If YES, please provide a brief description of the tool and please forward either a hard or electronic copy to Platform If NO, go to question 6	☐ Yes ☐ No Outcome Measurement Tool details: ....
2	Does the organisation have nominated personnel who are responsible for managing the collection and reporting of the outcome measure? If YES what is the role of this position in the organisation?	☐ Yes ☐ No Position in Organisation: .....
3	Does the organisation collect the outcomes data using existing database software? (i.e. client management system) If No go to question 5 Does the existing database software have the capacity to include **NEW** collection and reporting of information about people (service users) that the organisation supports? Does the existing database software provide outcome reports? If YES, who in the organisation receive the reports? (please tick all that apply) ☐ Management ☐ Support staff ☐ Service users ☐ Other (please specify)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

4	How does the organisation enter the collection of the outcome data when using existing database software? (please tick one box only) ☐ Data is entered directly by staff who have completed the outcome measure ☐ Data is entered by other staff at a central location	
5	Does the organisation collect the outcomes data on paper forms? Does the organisation store the collection of the outcomes data on a separate database? (i.e. excel spreadsheet)	☐ Yes ☐ No ☐ Yes ☐ No
6	Does the organisation collect and report other types of information about people (service users) that the organisation supports? If Yes, please tick all that apply ☐ Satisfaction Surveys ☐ Questionnaire Surveys ☐ Other (please specify) ..... ☐ Other (please specify) ..... I How does the organisation store this collection of mental health consumer information? (tick all that apply) ☐ Data is entered into the existing database software ☐ Data is entered on a separate database (i.e. excel spreadsheet) ☐ Data is held on paper file Does the organisation provide reports about the collection of this mental health consumer information to management?	☐ Yes ☐ No ☐ Yes ☐ No
7	What does the organisation consider the current and future challenges to implement an outcome measurement tool within the organisation?	Please provide details: ....

Further Information

Glossary

Charitable Trust or Incorporated Society	A Trust is a group of people (called Trustees) who agree to hold money or assets and carry out activities for the benefit of certain people (called beneficiaries), or in case of a Charitable Trust, for the benefit of the community, and does not include Community Trusts.
Community Trusts	Community Trusts are non-profit organisations that provide health and disability support services, and do not include Charitable Trusts
Limited Liability Company	A limited liability company is a company registered under the Companies Act 1993 where the liability of the shareholders is limited to the extent that the company's share capital is not paid up or any liability imposed on the shareholders in the company's constitution.
Mental Health Information National Collection (MHINC)	The national database of mental health information held by the New Zealand Health Information Service (NZHIS) to support policy formation, monitoring and research.
Mental Health Standard Measures of Assessment and Recovery (MH-SMART)	MH-SMART will implement a suite of standard tools or measures to measure changes in the health status of mental health service users. These tools will assist consumers, clinicians, service providers and funders to identify the possible contribution mental health services have made to the recovery journey.
Workforce Development Plan	A workforce development plan will take into account attraction, recruitment and retention of staff. Succession planning, quality, performance, developing and maintaining a sustainable and productive mental health and addiction workforce.

Glossary

Worked Full Time Equivalent

General statement - the number of hours worked represents the staff resource that is actually available for productive work after deducting all types of leave and adding overtime. This measure is useful in analysing productivity and service capacity.

Definition	The number of hours Worked FTE as: $\frac{\text{Worked Hours}}{\text{Standard 40 Hour / Week Divisor}}$ Where: "Worked Hours" is 'Paid Hours', less any time away from the workplace for Leave, training or Study "Standard 40 Hour / Week Divisor" standardised based on the total annual work days, multiplied by a standard 8 hour day. Standardised hours are then allocated to monthly periods.
Types of hours included in calculation:	Paid Hours (ordinary contracted hours of paid work) Paid overtime hours Call-back hours Casual and temporary staff hours
Types of hours excluded:	On-call hours All types of leave hours, when taken, whether paid or not (e.g. annual, sick, special, study, parental, statutory, bereavement) Time in lieu hours
Example 1	Staff member is contracted for 40 hours per week, but works and is paid for 8 extra hours at standard time: $\frac{48}{40}$ = 1.2 FTE
Example 2	Staff member is contracted for 40 hours per week, but takes 8 hours leave and 8 hours training: $\frac{24}{40}$ = .6 FTE
Example 3	Staff training is contracted for 50 hours per week, but takes 8 hours leave and 8 hours training: $\frac{34}{40}$ = .85 FTE

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