

A quick strategy for...

## Using HoNOSCA to Help Plan

Care and Recovery ...in the team meeting

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### Are we the right service?

If the person's HoNOSCA has no items that score 2 or more, are we the right service for this person?

We may be - there may be reasons not captured by the HoNOSCA that make us right for this person. However, if no items score over 2, it is well worth stating how we can help and asking if their wants and needs may be better met by transfer to a different kind of service. People with scores of greater than two may also be most appropriate for transfer, with the right support.

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### Check out the Three Cs

#### Concordance:

**Do we agree over the HoNOSCA ratings that have been given?**

This includes the rater, the service user, and other clinicians.

This does not need to be a debate - in general the raters' rating should stand unless they decide to change it. However, this is an option for others to **briefly** say that they think that a rating should be different, and why. Even without the rating changing, these opinions are useful to help with recovery planning.

#### Change:

**What has changed since the HoNOSCA was last completed?** This includes both positive and negative change.

This is a very brief summary of items that have got better or worse, and, if known, why they may have changed.

#### Concerns:

**What are the areas of concern and what plans are, or should be, in place to address these?**

**For each item with a score of 2: Ask the question "Do we need a plan to help to address this item now?"**

If the answer is yes, identify or develop the plan to address this issue and ensure it is put in the person's recovery plan.

**For each item with a score of 3 or 4 - a plan is needed!**

If the plan cannot be developed right now, ensure that a person and process are

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### Choose the Top Priority

Identify one (or at the most two) areas of concern that you most want to have change in by the next HoNOSCA. This will often, but not always be the item on which they score the highest. It will usually be the item which you think can most contribute to their recovery. For example if the team felt that an unsatisfactory living arrangement (scoring a 3) was a major contributor to the person's distressing hallucinations (scoring a 4), then helping them to improve their living situation may be made the top priority. Of course, all reasonable steps would be taken to help address other items (eg the hallucinations) also.