

Strengthening assessment and care planning

Workbook



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1 Introduction

Overview

This workbook is a companion document to *Strengthening assessment and care planning: A guide for HACC assessment services in Victoria* (the guide). It provides continuous improvement and practical learning activities to assist HACC assessment services managers, intake workers and assessors to implement the guide.

You need to read the guide first before using this workbook.

The workbook contains:

- information about using the guide to strengthen practice
- information on training and qualifications for assessment staff
- a range of learning activities that can be completed individually, or in groups.

Note: A glossary of terms is included at the end of the guide.

Review and reflect on your practice

Managers and assessors should use the guide and this workbook as an opportunity to review and reflect on their current assessment and care planning practice. *ASM PREPARE* also provides a tool for reviewing and reflecting on existing practice. The information and activities in both documents will assist you to **reflect on what you already do well**, as well as move towards developing an implementation plan for an active service approach to assessment and care planning.

Assessment and care planning requires a combination of knowledge, skill and professional judgement. Assessment and care planning, thinking and practice are continually improving.

Using the guide and *ASM PREPARE* may mean refining your usual practice to place added emphasis on capacity building, problem solving and recognition of diversity. It may involve using different styles of questioning and developing a greater understanding about what the person would like to achieve. It may mean moving away from traditional service responses (such as regular home care or meals), thinking outside the square, and developing creative solutions, strategies and responses. It may mean confirming or validating information from already completed assessments (rather than duplicating assessments) and making more use of secondary consultation. It may mean continually asking yourself and the person being assessed:

- What might we be able to do about this?
- How can we solve this problem? What do you think is the best solution/way forward?
- What options are there? Is a HACC service the most appropriate response?
- If a HACC service is appropriate, how can we make sure it reflects your goals/aspirations?

Through regular discussion at team meetings and training opportunities, these approaches can be integrated into everyday practice.

2 Strengthening your assessment practice

2.1 What does it mean for management?

Introduction

Managers of HACC Assessment Services need to lead and support the strengthening of assessment and care planning practices outlined in the guide. Try:

- using a variety of strategies including the *ASM PREPARE* tool to identify strengths and weaknesses in your assessment service
- utilising Assessment Alliances as a forum for sharing ideas, learning from other HAS, joint planning and project work
- developing an ASM implementation and action plan, using the guide for reference
- allowing time for discussion and reflection at staff meetings
- applying change management techniques
- using lean thinking (see below)
- accessing training opportunities
- providing feedback and management reports that demonstrate progress towards achieving positive outcomes.

Change management

It is well recognised that introducing and embedding changes takes significant time and effort. There are multiple theories of change management and strategies to support the introduction and acceptance of individual and/or workplace change. Managers can use these to plan, drive and support the change process.

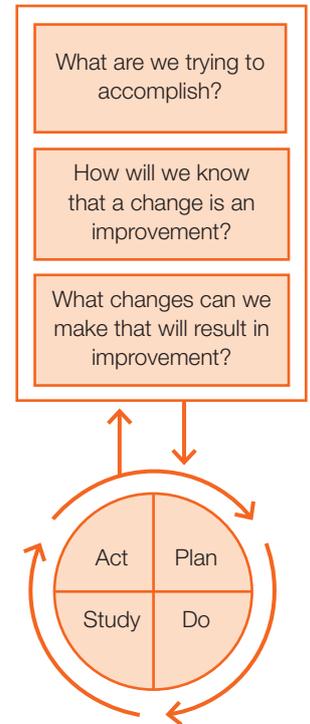
The Plan, Do, Study, Act (PDSA) cycle is a model for quality improvement.¹ The ability to develop, test and implement change is essential for any individual, group, or organisation seeking continuous improvement. The PDSA model has been used successfully by organisations to improve many different processes and outcomes. It has two parts: three fundamental questions, which can be addressed in any order; and the PDSA cycle to test and implement changes in real work settings and determine if the change is an improvement (see Figure 1).

In conjunction with *ASM PREPARE*, HACC managers and assessors can use the PDSA approach as part of their implementation planning and quality improvement.

¹ The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing Check with Study. See Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000. See also See Continuous Improvement Framework 2009: A resource of the Victorian Service Coordination Practice Manual, Primary Care Partnerships, Victoria, 2009 p.2, at <http://health.vic.gov.au/pcps/downloads/continuous.pdf>

Figure 1: Plan, Do, Study, Act (PDSA) model²

Item	Description	Questions
Team composition	Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Build a team to suit your organisation and needs.	Which staff members could be involved in the development of our change management strategy? What size team do we need?
Setting goals and selecting changes	Improvement requires setting goals which should be time-specific and measurable. All improvement requires making changes, but not all changes result in improvement. Organisations therefore must identify the changes that are most likely to result in improvement.	What assessment and care planning goals are in our ASM implementation plan? Are these measurable? How will we know if they have been achieved? What changes do we think are most likely to result in improvement? Where should we start?
Measurement	A critical part of testing and implementing changes. It indicates whether the changes actually lead to improvement.	How will we measure and monitor outcomes to see if our changes do result in improvement? What are the implications of this for changes to our systems and other aspects?
Testing changes	The PDSA cycle is shorthand for testing a change in the real work setting – planning it, trying it, observing the results, and acting on what is learned – see the four steps below.	When will we use the PDSA cycle? What will we try it with first? What results do we expect to see? How will we collect, analyse and discuss the results?
Implementing and spreading changes	After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the change can be implemented on a broader scale. After successful implementation of a change or package of changes, the team can spread the changes to other parts of the organisation, or to other organisations.	If the changes are successful, how might we then implement them on a larger scale? What area would we implement them in next?
PDSA process steps		
1: Plan	Plan the test or observation and describe the objective. Discuss and predict what might happen and why. Work out how the data will be collected and measured. Clarify roles and actions: who, what, when and where.	
2: Do	Try out the test on a small scale to ensure it will work and identify any problems or unexpected observations. The implement the actual test. Collect and document the data.	
3: Study	Set aside time to analyse the data and study the results. Compare the results to what you predicted might happen. Summarise, discuss and reflect on what was learned. Work out what actions should be taken in response to the findings.	
4: Act	Refine the change, based on what was learned from the test. Implement the changes. Prepare a plan for the next test and start the PDSA cycle again.	



² See <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

Lean thinking

Lean thinking is a concept originally developed in the manufacturing industry, but has since been adopted by the health sector. Lean thinking requires scrutiny of processes to work out what is most important from the service user's perspective and what will provide the most efficient and effective outcomes. The key steps are:³

- Specify what creates value from the person's perspective – out of everything your organisation does, what adds most value from the person's perspective and what does not?
- Identify all the steps across the whole value stream. These steps include initial contact, initial needs identification, assessment, care planning, service delivery and review and exit/transition.
- Focus on those actions that create value. Does each step and the way in which your business processes are organised add to the outcomes for the person. For example, does it avoid unnecessary waiting between processes and focus on sustainable outcomes?
- Only make what is 'pulled' (what is wanted by the person, when it is wanted). The aim is to provide a streamlined integrated service for the person (assessment, care planning and service provision) and remove barriers that cause interruption or delays.
- Strive for perfection by continually removing successive layers of waste (activities that use resources but do not add value) – use continual reflection and improvement processes.

(See 3.14 Lean thinking learning activity)

For further information

<http://www.flinders.sa.gov.au/redesigningcare/pages/leanthinking/6864/>

Monitoring progress

Implementing the active service model in your HACC assessment service should be well planned, measurable and accountable. A continuous improvement approach using the PDSA cycle is recommended, because this allows you to develop and prioritise 'projects', make small changes and reflect on their impact, then move on to the next priority area.

There are various strategies for monitoring your progress:

- include ASM implementation in your organisation's strategic plan
 - adhere to your ASM implementation plan, actions and timeframes
 - monitor assessment and care planning practice through file audits, case studies and so on
 - regularly discuss and reflect at team meetings and Assessment Alliance meetings
 - formal and informal review and evaluation.
-

3 www.smartlink.net.au/library/massey/leanthinking.pdf and <http://www.flinders.sa.gov.au/redesigningcare/pages/leanthinking/6864/>

2.2 What does it mean for HACCC assessors?

Be proactive about your learning needs

Assessors should use supervision as well as team meetings and other networks to identify their own learning and training needs. Training and professional development can be accessed through the HACCC Program and external sources. As HACCC services are operationally based, it is important to set aside time to learn and reinforce new practices. Ensure time and support for case presentations, peer review and other professional development strategies. Develop a personal professional development plan.

Case presentations

Utilise your peers and colleagues for peer learning and feedback. Undertaking case presentations is one way of doing this. The SBAR³ technique is one format for case presentation where you present a brief outline of the case:

- Situation: brief description of the person (age, gender, living situation, health).
- Background: current issues or reason for referral; recent changes in circumstances.
- Assessment: assessment process, key presenting issues, strengths and capacities, domains included and overall analysis.
- Recommendations: care planning goals, options and strategies.

Having presented your case, open up the discussion to your colleagues for questions and comments. Depending on the purpose of the case presentation (learning or problem solving), it is important to be guided by your agency procedures or interagency protocols.

Self-reflection

Be confident about your practice and your ability to help people identify and achieve their individual goals. Confidence is achieved through openness, willingness to reflect, questioning your own practice, seeking advice and preparedness to adopt new ideas.

Use the learning activities contained in this guide to reflect on your assessment and care planning practice. Seek feedback from service users. Celebrate your achievements and share your assessment and care planning wisdom with your colleagues and others.

4 Australian Commission for Safety and Quality in Healthcare, Draft SOP for Handover Communication Action on Patient Safety (High 5s)

2.3 Supervision

Definition HACC assessment service managers are responsible for supervising assessment staff. The key functions of supervision are developmental, supportive, administrative or managerial. Supervision is a process where supervisors and staff work together to improve outcomes, meet program objectives, enhance learning and monitor the workplace environment. HACC assessment staff should use supervision processes to discuss and develop their assessment skills and practices.

Developmental Developmental supervision aims to:

- identify, provide and facilitate access to professional development opportunities
- develop and support an experienced and resilient workforce
- ensure all staff receive regular and timely feedback on their practice and conduct.

Supportive Supportive supervision aims to:

- assist in developing and maintaining a safe and supportive workplace
- support staff in pursuing their own professional development
- enhance staff confidence in their job role, through guidance and support.

Administrative or managerial Administrative or managerial supervision aims to ensure competent, professional, accountable case practice, including compliance case recording requirements, and adherence to and compliance with policies and procedures. Annual employee performance appraisal is linked to identification of and planning to address professional development needs.

Effective supervision Effective supervision typically includes the following elements:

- The manager and assessor actively improve the quality and outcomes of assessment and care planning.
- The experience is positive in developing assessment and case practice skills, working through problems and discussing approaches to working with individuals or groups.
- The manager and staff member develop the supervision agreement in an open and collaborative process.
- Feedback is provided and staff members are encouraged to review their own practice to identify strengths and weaknesses.
- Learning and development opportunities are encouraged and staff members are provided the opportunity for practice improvement. A record or register is kept of education and training undertaken and qualifications held by staff.

2.4 Supervision processes

Supervision processes	Staff supervision can be categorised into four main processes: scheduled, unscheduled, group and live supervision.
Scheduled supervision	Scheduled supervision is planned, one-to-one, held in a private setting and preferably uninterrupted. Scheduled supervision should occur regularly. Other forms of supervision cannot replace scheduled supervision.
Unscheduled supervision	Unscheduled supervision is discussion of issues that require immediate attention. Unscheduled supervision can be instigated by the staff member or manager and does not replace the requirement for scheduled supervision.
Group supervision	Group supervision is a structured session to address one or more practice issues, team development or aspects of service delivery that will enhance quality outcomes. Team meetings may be used as group supervision if adequately planned and with the agreement of team members.
Live supervision	Live supervision is the direct supervision of practice by observing the staff member. It can also be a method for the manager to model the skills and practice required by staff.
Debriefing	<p>Formal debriefing helps people use their abilities to overcome the effects of critical incidents.⁵ Informal debriefing is a process used for informal support and validation, which enables the person to reflect on and discuss their experience, feelings and learning. In general, debriefing includes:</p> <ul style="list-style-type: none">• forming a clear idea of the events• discussing the thoughts and reactions that have been experienced• discussing problem solving strategies• encouraging self-managed progress and an ongoing process of recovery and/or reflection• promoting peer support.
Reflect on your practice	<p>Think about what type of supervision suits you as a HACC assessor. Consider how your current supervision allows for:</p> <ul style="list-style-type: none">• discussion of your assessment and care planning practice in the new environment• opportunity for shared reflection• identification of positive outcomes• identification of barriers and challenges to your new assessment practice• networking with other local HACC Assessment Services.

5 Resource Guide for Critical Incident Stress and Debriefing in Human Service Agencies, Department of Human Services, 1997

2.5 Education and training

Education and training

The Victorian *HACC program manual* states that funded organisations are responsible for ensuring staff members have the qualifications, skills and knowledge required for their role.

New and existing HACC assessors will need training in particular elements of assessment and care planning skills and techniques described in the guide. Each assessor will have some knowledge gaps in relation to the 25 assessment domains described in Section 7 of the guide. Managers should discuss training needs with individual staff and discuss training options at the local and regional level. Competency units in the CHC08 Community Services Training Package can provide appropriate gap training (such as assessment and care planning units). Remember that intake workers are a vital part of the assessment process. Ensure their training needs are understood and provided for.

Qualifications for HACC assessment staff

The HACC Assessment Framework requires that HACC assessment services transition to assessment staff with relevant higher education qualifications. A relevant higher education qualification provides theoretical frames of reference from which to organise information and knowledge. People are also educated to undertake critical analysis of data, environments and situations, organise and present information and themes in a coherent format and to search for and collect information.

What distinguishes qualifications that are of most relevance is that they educate about an area of community services and/or health practice interventions with people (such as nursing or social work) and/or educate about relevant client groups (families, children, older people, caring roles, impact of disability and so on). Discipline-based qualifications combine theory and practice skills and address issues of professional or ethical behaviour and the self-awareness needed in the interactive communication with clients. Relevant qualifications apply theory and practice to an interactive, person-focused problem solving context. Employers need to consider this concept during recruitment and selection when considering the relevance of qualifications.

Since the composition and names of qualifications change over time and a wide variety of courses are available, the following list is generic and in some cases, the registered occupation is listed. Examples include:

- division 1 nurse
- physiotherapist
- occupational therapist
- dietician
- qualifications recognised by the Australian Association of Social Workers (which could include Diplomas of Welfare Studies and Social Studies issued by universities and colleges of advanced education prior to the introduction of the current Australian Qualifications Framework)
- psychology
- counselling
- disability studies
- health sciences (practice-oriented, not population health oriented).

Not all recommended qualifications are undergraduate qualifications. People both with and without relevant experience do postgraduate diplomas and certificates and masters degrees in subject areas relevant to the HACC target group and/or to assessment practice and other practice interventions. Some examples include:

- disability studies
- aged care
- counselling
- case management
- complex care
- health promotion
- social work in health settings
- social work in mental health
- community health nursing.

The CHC70208 Vocational Graduate Certificate in Community Service Practice (Client assessment and case management) is a new qualification in CHC08 Community Services Training Package available to university graduates and people with substantial industry experience. This will provide a relevant qualification for HACC assessors.

Gap training

Gap training refers to competency-based training provided to new or existing staff who have a qualification, but need to develop competency in one or more areas. In some cases, this will be in response to individual learning needs. The HACC program may also recommend competency units from the Community Services Training Package and/or the Health Training Package for HACC assessment staff to complete.

Consider two variables for staff training needs: the level of the competency unit/qualification, and the subject matter included in the competency unit/qualification. Many competency units relating to older adults and people with a disability in training packages are at an elementary level in relation to the Australian Qualifications Framework (Levels 1 to 4). Therefore, individual competency units may not be the most appropriate way for assessment staff to learn about the HACC target group. More in-depth material is required. If competency units are used to develop practice skills, then these units would need to be at an appropriate level.

Some examples of gap training follow that is relevant to the HACC Program are as follows.

First Aid: To address occupational health and safety requirements for staff who work substantially in isolation from other staff, HACC assessors may complete HLTF301B Apply First Aid, with updates in accordance with the Australian Resuscitation Guidelines.

Personal Care Assessment: HACC assessors without a clinical qualification that includes personal care training such as nursing) may undertake personal care assessment for clients who have stable health and are not complex care clients. Depending on their individual learning needs, they may benefit from the following Level IV competency unit to increase their knowledge of personal care: CHCICS401A Facilitate support for personal care needs.

**Further
information**

The National Training Information Service provides a database on vocational education and training in Australia at <http://www.ntis.gov.au/>

This website has information on training packages and Registered Training Organisations (RTO) and the qualifications they offer.

However, it is useful to first read the Qualifications Framework for CHC08 Community Services Training Package. This will show you all qualifications, competency units and skill sets. It is available at www.cshisc.com.au

Information about Victorian VET policies, including student/trainee fees is available at the Skills Victoria website www.skillsvic.gov.au

3 Learning activities

A series of learning activities are included on the following pages.

The activities are designed to enhance and develop the assessment, care planning, thinking and practice outlined in the guide.

Some activities are to be completed individually, while others can be completed in a group setting, or using either approach.

Select the activities you wish to complete and schedule time to complete them, for example:

- through discussion at staff meetings
- as part of supervision processes
- at a set 'learning and reflection' time each month.

Each activity is designed as a worksheet. You can photocopy or print out the page so people can complete it.

Individual activity	✓
Group activity	✓

3.1 Holistic needs assessment

ASM PREPARE provides important prompts to rate the extent to which your organisation is implementing a holistic, person-centred approach (see *ASM PREPARE, Section 3: Tool 2*).

Here are some further questions for reflection and discussion.

Person-centred practice

- How do I feel about the holistic, person-centred approach to assessment – me personally, for my family and friends, current and future service users?
- What sort of response will I get when I start to practice in this way? How will I handle it? What support might I need?
- Am I resistant to change? How will the people I provide services to respond to this change – now and in the future?

Living at Home Assessment

- Living at Home Assessments enable HACC service users to access to relevant services across the whole health and community services system. Am I well enough informed about services in the local area to do this? How can I become better informed? What information and resources would help me to do this?

Strengths-based assessment

- How can I practice the approaches described in the guide:
 - initiating discussion with colleagues
 - taking a positive approach and use initiative to make changes
 - using the tools available in this guide.

Developing creative and flexible care planning solutions

The active service model aims to assist people to achieve maximum independence by considering how HACC services could be applied more flexibly and creatively. All staff including managers, team leaders, assessors, intake workers and community care workers need to be involved in implementing this approach.

Consider a person who has been referred for delivered meals. We know that if people are involved in the decisions about what they eat, they are more likely to eat nutritious meals. Even a person who has not left their home for some time may be able to help write a shopping list, put away the groceries, learn to use on-line or telephone ordering, or accompany staff to the supermarket, thus gradually increasing their participation in the meal preparation process.

Think of an example where you found it difficult to find a solution that would meet a person's goal and fit within the parameters of HACC services. Discuss a scenario in a group setting and see what solutions can be generated by the group. Try contacting a practitioner in a partner organisation and see what solutions they might come up with.

Individual activity	✓
Group activity	✓

3.2 Reflect on your practice and make a plan

Traditionally, HACC services have been delivered in a task oriented way that comes from a 'do for' approach rather than a 'support to do' or 'do with' approach. Assessment and care planning has often focused on a person's weaknesses and what they are unable to do, rather than focusing on strengths, capacity building and restorative care. In the past, when we provided supports to keep a person independent, we may have inadvertently created dependence on support services.

Supporting the person to achieve their goals will have different outcomes to previous approaches. The move to an active service model and the implementation of the Diversity Framework will challenge all managers, assessors and community care workers regardless of experience, to think about their practice.

This new approach cannot be implemented without considering the systems and services which sit around your organisation. Strong partnerships, alliances, trust and cooperation between HACC Assessment Services and key referral partners is critical to the success of ASM and implementing the Living at Home Assessment.

At an agency-wide level, *ASM PREPARE Section 3: Practice Review and Planning Tools* provides detailed prompts, questions and self-rating to help all HACC agencies to undertake a wide ranging review of their organisation's strengths and weaknesses. It is important that all staff share an understanding of what the active service model means on a practical, day-to-day level.

As a HACC assessor, you must read the guide. Start with the sections that interest you most. Reflect on your own strengths and weaknesses as you read Section 6 on assessment skills and techniques. How up-to-date is your knowledge of the assessment domains described in Section 7? Arrange time with your colleagues to discuss the guide and the elements that interest you most. See if everyone has the same understanding of the content and what it means for your day-to-day practice. Seek clarification from your manager or colleagues if there are sections that you don't understand.

Developing your own plan of action	Discussion / action
<ul style="list-style-type: none"> • What active service model approaches do you practice now? • Where is the biggest gap between your current practice and the assessment skills, techniques and knowledge described in the guide? • Think about a client you worked with some time ago. How might your practice have been different if you were using an active service model approach? <ul style="list-style-type: none"> – What might the person's goals have been? What might you have suggested to improve their functional capacity? – How might the outcomes for the person have been different? • What additional skills and/or knowledge do you need to implement the practices described in the guide? • What mentoring, supervision or other learning opportunities would assist you to develop these skills and knowledge areas? For example, spend time with an ACAS team or training in active listening and goal setting. • Work your way through some of the exercises in this workbook then compile your own personal plan for building and strengthening your practice. Discuss how you can implement this with your manager. 	

3.3 Person-centred practice

Individual activity	✓
Group activity	

Which of the following guiding principles for person-centred practice⁶ does your assessment practice reflect and how?

Principle	Comments
A partnership approach to care, where people and service providers share knowledge, values, experience and information, and collaborate to develop goals and plan actions	
A holistic approach to practice	
Open, clear communication, which respects a person's values, culture and beliefs, based on practice that is sensitive to the cultural, communication and cognitive needs of the person	
Respect for privacy	
Consider and value the role of family and carers	
Support people to identify their own needs and develop their own goals, encouraging people to take responsibility for their part in the plan	
Providing information and encouraging people to participate in decision-making partnerships in treatment, program planning and policy formation, including supporting people to explore the risks and consequences of different choices	
Encourage people to use their own strengths and existing supports	
Respect the person's own styles of coping or bringing about change	
Support autonomy and choice	
Be flexible and responsive in planning care within the parameters of safety and service guidelines	

6 http://www.nari.unimelb.edu.au/pchc/downloads/PCHC_literature_review.pdf

Individual activity	✓
Group activity	

3.4 Active listening

There are several blocks to active listening. Use this activity to refresh your active listening skills.

- **Rehearsing:** You don't have the time to listen when you are rehearsing what you are going to say. Your whole attention is on the preparation for your next comment ('So when she finishes I'll say' or 'If they mention x I'll tell them about y').
- **Filtering:** When you filter you listen to some things and not others, usually only to things that affect you directly. For example, when the person mentions 'showering' you may automatically think they require personal care assistance when, in fact, they may need a handrail or modification in the bathroom to promote safety. Filtering can also be when you don't hear certain things, particularly anything critical, threatening or negative. It is as if nothing has been said.
- **Judging:** Negative labels have enormous power. If you prejudge someone you don't pay much attention to what they say. You've already written them off because the pre-assessment information indicated the person was challenging, you don't like them or you feel unsettled by them. (A person may have once said 'I've lived in this country all my life, paid taxes, I deserve the services', so you need to approach the situation thinking 'Mrs A is known to have made complaints in the past, so I have to be careful in what I say').
- **Preoccupied:** You're half listening and suddenly something the person says suddenly triggers a chain of private thoughts. You are more prone to dreaming when you are bored or anxious (a person mentions difficulty getting to the shops and you think 'That reminds me, I forgot to pick up my shopping back in the work fridge, now I've got to go all the way back to work, how annoying').
- **Assuming:** You are still the great problem solver, ready with help and lots of suggestions. You only need to listen to half the story before you have made presumptions as to their needs and have come up with a solution ('It is obvious what she needs. Just be quiet for a second and I'll tell you what you need').

Some of these blocks to active listening may apply to you or your colleagues. Can you recall the last time you were guilty of these blocks to active listening?

Blocks	Can you recall the last time you did this?
<input type="checkbox"/> Rehearsing	
<input type="checkbox"/> Filtering	
<input type="checkbox"/> Judging	
<input type="checkbox"/> Preoccupied	
<input type="checkbox"/> Assuming	

3.5 Assessment and care planning practice

Individual activity	✓
Group activity	

Good assessment and care planning requires adequate time and may require ongoing monitoring and reviews. You know you have done a good assessment and care plan when:

- the person is engaged and expresses their needs and goals
- you have gathered enough information to inform decision making
- together you can develop an effective care plan from the assessment information
- you have a clear picture of the individual's or family's strengths
- you have consulted with others to resolve issues that are outside your role as a HACC assessor
- you have trusted mentors within your organisation and outside in other sectors who help you develop solutions
- you are clear about the services or resources required to best support and assist the person or family
- you see the satisfaction of people achieving personal goals
- you see the satisfaction of people improving their functional capacity and social connectedness
- you see people's motivation and self-efficacy working for them.

Think about the most recent assessment and care plan you have done, or conduct a case presentation and group discussion. Reflect on the items below.

How did your assessment:	Describe	How could you strengthen your practice?
<ul style="list-style-type: none"> • build on the person's and carer's strengths, capacities and abilities? • reflect <i>Well for Life</i> principles in the areas of good nutrition, physical activity and emotional wellbeing? • support care relationships? • minimise duplication with any previous holistic assessment that may have been undertaken by another agency (such as ACAS, HARP or disability services)? 		

How did the care plan:	Describe	How could you strengthen your practice?
<ul style="list-style-type: none"> • address the current issue which led to the referral? • reflect the person's aspirations and goals – what they want to achieve? • reflect the person's goals in your referrals to other services? • specify interventions to improve functional capacity and use interdisciplinary approaches as required (such as GP, EICDM, physiotherapist, occupational therapist or dietician)? • include opportunities for improving quality of life, social participation and connectedness? • use aids, equipment and new products/technologies? 		

Individual activity	✓
Group activity	✓

3.6 Assessment and care planning skills

Where could you improve your assessment and care planning skills?
Rate yourself on the following items.

Discuss your ratings with your manager and/or colleagues and discuss strategies to strengthen your skills – training, mentoring, joint visits and so on.

Use the activity and your results as an opportunity for peer reflection, review and continual improvement.

How do you rate?

Item	Self-rating 1 = low 10 = high
Follow up and document information from the referral agency when a holistic assessment has previously been carried out	1 2 3 4 5 6 7 8 9 10
Collect assessment information during the home visit, using a variety of methods and sources	1 2 3 4 5 6 7 8 9 10
Specific knowledge and expertise regarding health matters	1 2 3 4 5 6 7 8 9 10
Advanced interviewing skills, including the use of active listening techniques	1 2 3 4 5 6 7 8 9 10
Ability to identify a person's strengths and capacities	1 2 3 4 5 6 7 8 9 10
Understanding and implementation of person-centred practice	1 2 3 4 5 6 7 8 9 10
Advanced observational skills and ability to identify from observations key issues and possible solutions	1 2 3 4 5 6 7 8 9 10
Use a range of screening and assessment tools	1 2 3 4 5 6 7 8 9 10
Use of interdisciplinary approaches and secondary consultation as appropriate	1 2 3 4 5 6 7 8 9 10
Analysis and synthesis of information from various sources to form ideas and opinions	1 2 3 4 5 6 7 8 9 10
Ability to help people express their goals and priorities	1 2 3 4 5 6 7 8 9 10
Clear documentation of assessment information, thinking and decisions	1 2 3 4 5 6 7 8 9 10
Development of solutions with the person including the use of motivational techniques	1 2 3 4 5 6 7 8 9 10
Development of SMART goals and breaking them into achievable steps	1 2 3 4 5 6 7 8 9 10
Documentation of care plans	1 2 3 4 5 6 7 8 9 10
Use of monitoring processes to check progress against SMART goals	1 2 3 4 5 6 7 8 9 10
Use of review processes for adjusting interventions and strategies as results become evident	1 2 3 4 5 6 7 8 9 10
Use of review processes to transition the person to service exit	1 2 3 4 5 6 7 8 9 10

3.7 Assessment tools

Individual activity	✓
Group activity	✓

During a team meeting, discuss and reflect on the assessment tools currently used, and the implications of such.

Consider the following questions.

Questions	Comments
<ul style="list-style-type: none"> • What screening, assessment and care planning tools do we use? 	List:
<ul style="list-style-type: none"> • Do the tools limit what we do? 	
<ul style="list-style-type: none"> • Do the tools allow us to take the approach described in this guide? 	
<ul style="list-style-type: none"> • If not, why not? What is missing? 	
<ul style="list-style-type: none"> • What prompts or additional forms or tools would assist us to implement an active service model approach to assessment and care planning? 	
<ul style="list-style-type: none"> • How often do we leave the paperwork in the briefcase or in the car to complete later? Does this result in a more engaging and dynamic conversation with the person? 	
<ul style="list-style-type: none"> • What new or different tools might we like to consider or try? 	

Individual activity	✓
Group activity	✓

3.8 Goal setting

It is important to have a shared understanding of desired outcomes with the person and family.

- What are the person's or family/caregiver's concerns?
- What are the assessor's concerns?
- What are the person's priorities for their care, when all concerns are taken into consideration?

Reflect on a current assessment and care planning summarise the outcomes and progress to date.

Question	Summary	Rating 1/2/3
What are the person's or family/caregiver's concerns?		
What are the assessor's concerns?		
What are the person's priorities for their care when considering both the assessor's concerns and their own concerns?		
What are, or might be, the person's goals? Did the person's express these goals themselves?		
What options were considered for meeting these goals? Did the person suggest ideas?		
How will, or might, HACC support the person to achieve these goals?		

Rating from the person's perspective: 1=low importance to the person; 2=medium importance to the person; 3=high importance to the person

SMART Goal and time frames Specific, measureable, achievable, realistic, time oriented	Actions and goal progress to date

3.9 Role play scenario

Individual activity	✓
Group activity	✓

Select either activity (a) which is a fictitious case scenario or (b) which requires you to use an actual current case example. The purpose is to use a role play approach with a colleague to reflect on your practice.

a) Mr Joe Fiction (a fictitious case scenario)

Joe is 45 and has an acquired brain injury from a motor vehicle accident. He lives in a caravan on a small block of land.

Joe has diabetes that is not well managed. He buys most of his meals from the local take away shop. Following a recent hospital admission, he was referred by the social worker for HACC delivered meals. Joe has refused any other support for his diabetes. Role play your assessment with Joe, with a colleague playing Joe, to demonstrate the points listed below:

- how to build rapport and commence the assessment 'conversation'
- how to be person-centred and respect Joe's values and choices
- how to respond to unrealistic expectations and mould them to be realistic, in a way that is acceptable to the person
- how to listen to the person's goals
- how to develop creative and flexible options and solutions and break them into achievable steps.

b) Mrs V Real (an actual case scenario)

Choose an actual assessment you have completed in the last two weeks. Decide whether you wish to choose a relatively simple, straightforward situation or a more challenging one.

Explain the situation in detail to a colleague, so they can act as the person. Practise the role play assessment until you are satisfied that it reflected the actual situation. Then with your colleague, jointly discuss and reflect on some of the following questions.

- Were all relevant areas of the person's health and wellbeing explored and discussed (with the person's consent)?
- Were the person's real issues and strengths uncovered?
- Were relevant others (carer, family members, other practitioners) asked for information and advice?
- If another assessor repeated the process with the person, would there be similar results?
- Was the person able to define their goals (with your assistance)? Were we able to break down the goals into small achievable and realistic steps? Was the person committed to achieving them?
- Were the care plan actions implemented? Were the care plan actions adjusted over time to reflect progress made?
- Were community care workers well informed and involved in implementation?
- Did the assessment and care planning processes added value to the person's health and wellbeing?
- Were the assessor's actions within the scope and boundaries of my role as a HACC assessor?
- What did we learn from this case? How will we use those lessons in future?

Individual activity	✓
Group activity	

3.10 Ongoing review and reflection

At the conclusion of a Living at Home Assessment, you will have an in-depth picture of the person's health management, psychological, social and emotional wellbeing, ability and capacity and priority areas for assistance.

This will assist you and the person to develop realistic goals, undertake service specific assessments in the priority areas and develop a care plan with interventions that reflect an active service model approach.

As you develop and refine your active service model approach to assessment and care planning over time, it is useful to periodically review and reflect (at staff meetings, during supervision, case conferences, in informal discussion with colleagues) on your practice and strategies.

Reflective questions	What strategies could I use to strengthen practice? How?
How did you establish trust and rapport? What did you do to make that happen? If no, what circumstances made it difficult? What were the barriers?	
How did you get a clear understanding of why the person was seeking assistance? How did you do this?	
How did you get behind the presenting issue and understand the person's underlying problems and issues – not just health issues but social and emotional issues related to their quality of life?	
How did you find out about their interests and cultural values?	
How did you explore capacity (competing demands), functional ability (to do the task), technique (how they are doing the task), environment and equipment (supporting or hindering) and do joint problem solving?	
What areas of assessment or domains did you find most difficult to talk about with the person? Are there any that stand out? What can you do improve your approach to talking about these areas?	
How did the process identify environmental hazards and strategies for improving safety in and around the home?	
How motivated was the person to identify goals and improve their capacity to carry out daily tasks?	
How did you work with the person to devise potential options and solutions for restorative care, and identify the types and levels of support required?	
How were the interventions designed to maximise functional capacity (referral to allied health), improve self-management capacity and minimise the need for formal services as long as possible?	

3.11 Management: monitoring assessment practice

Individual activity	✓
Group activity	✓

Twelve months after the development of their ASM implementation plan, a HACCC assessment service conducted an audit of client files comparing 50 assessment records from before the implementation of the plan, with 50 current records. A 'scorecard' was used to record progress on the following priority areas and strategies that were listed in their ASM implementation plan.⁷

- intake and initial needs identification: identification of previous holistic assessments by intake workers at referral
- assessment practice: assessments build on previous holistic assessments and existing care plans and goals; identification of the person's strengths; links made to early intervention or health promotion activities; strategies identified for capacity building/functional improvement
- care planning: Number of referrals resulting from assessment.

The audit found:

- 50 per cent of referrals came from agencies that had already carried out a holistic assessment or from hospital/sub-acute settings
- more assessments are now focusing on the service specific issues and building on existing client goals and care plans
- a 70 per cent increase in the number of records that identified the person's strengths
- a 50 per cent increase in the number who were linked to early intervention or health promotion activities
- a 20 per cent increase in the number of records showing strategies for functional improvement/capacity building and
- a 30 per cent increase in the number of referrals resulting from assessment.

Management can develop a similar 'scorecard' approach to monitoring progress of the strategies and actions written into their agency ASM implementation plan.

Assessment record	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes / Partial / No or describe				
Identification of previous holistic assessments at intake					
Person linked to early intervention or health promotion activities					
Strategies identified for capacity building/ functional improvement					
Number of referrals resulting from assessment					

⁷ Case study (fictitious)

Individual activity	✓
Group activity	✓

3.12 Cultural competency checklist A

Cultural diversity is a feature of Australian society. All HACC assessors work with people from a diverse range of cultural backgrounds and have a responsibility to behave in a way that shows respect for other people's cultural practices and beliefs.

Reflect on a person you have assessed in the past. How well would you be able to answer the questions below?

Information	Relevance to assessment and care planning	Your comments
Where is the person from? Why did they migrate? Was it for economic or for political reasons? Were they displaced by conflict?	<ul style="list-style-type: none"> • How they view Australian society and institutions • How secure they feel • How educated or literate community members are 	
How long has the person been in Australia?	<ul style="list-style-type: none"> • How well they speak English • Social and community networks • How well they understand the health service system 	
What is the extent of their community and family networks and how important are they?	<ul style="list-style-type: none"> • Other supports • Socialisation opportunities 	
Are they from a religious community, and if so, is it a single faith or multi-faith community?	<ul style="list-style-type: none"> • Linked to values and beliefs • May influence willingness to give/ receive help • Whether their religious needs are met • Social connectedness • Religious holidays and celebrations, how people communicate with each other, attitude to some foods 	
What language/s are spoken at home and in the community? How well does the person speak English? Is the person literate in their own language? In English?	<ul style="list-style-type: none"> • All aspects of assessment and care planning • Use of language services • Showing the person actions or diagrams rather than relying on written information 	

Adapted from *Practical Guide to Involving Volunteers from Diverse Cultural and Language Backgrounds in Your Organisation*
see http://www.volunteeringaustralia.org/html/s01_home/home.asp

3.13 Cultural competency checklist B

Individual activity	✓
Group activity	✓

Rate your skills and knowledge in relation to working with Aboriginal people.

Rating suggestion:

1 = I feel quite confident that I can always do this

2 = I could improve in this area

3 = I have no or little experience in this area

Can you/do you know how to ...?	How well can you do this? (Insert self-rating)	How could you strengthen your practice?
Work with an Aboriginal organisation to plan a joint assessment visit with an Aboriginal worker, to ensure your introduction to the Aboriginal person/family is culturally appropriate.		
Undertake assessments in a culturally appropriate manner with Aboriginal people. (see section 11.2 in the guide)		
Demonstrate respect for cultural diversity in all communication and interactions with Aboriginal peoples, family members and their community. (see section 11.2 in the guide)		
Review and modify assessment and care planning practice to reflect and respect cultural awareness, cultural respect and cultural competency. (Can you think of examples where you have adapted your practice to do so?)		
Support an Aboriginal person to identify goals and support strategies within the context of their family, community, the input of an Aboriginal organisation and relevant other services, to meet the cultural requirements of the person?		

Individual activity	✓
Group activity	✓

3.14 Lean thinking

Lean thinking is an approach to service system design and management that can identify and eliminate 'waste', or functions, processes and tasks that do not add value to outcomes for the person using the service.

Use the table below to identify 'waste' in your assessment and care planning processes.

Lean thinking	HACC example	Key points / What could be improved?
Specify what creates value from the person's perspective	Out of everything HACC does, what do you think adds most value from the person's perspective (and what does not)?	
Identify all steps across the whole value stream	Key elements include initial contact, initial needs identification, assessment, care planning, service delivery and review. There are many processes and tasks within these key elements. Can you identify every step for your service?	
Focus on actions that create value for the person	Do all these steps add value for the person (for example, because of how things are organised, is there unnecessary waiting between processes that does not add to the outcomes for the person)?	
Only make what is 'pulled' (wanted) by the person	Look at service design and delivery from the person's perspective. Is it a streamlined service with integrated assessment, care planning and service provision, without interruption or unnecessary repetition?	
Strive for perfection by continually removing successive layers of waste.	Use and apply continual reflection and improvement processes (such as the Plan, Do, Study, Act cycle) to each stage of your service system design and management.	

