



**Home Visits/Outreach Activities Capacity Assessment Kit
for
Aboriginal Careers in Mental Health
Trainees and Supervisors**

Introduction

To ensure the safety of trainees and consumers organisations are encouraged to ensure trainees are accompanied by a co-worker or supervisor on all home visits/outreach activities. As the trainee builds skill, knowledge and confidence they will be able undertake these activities without this level of supervision.

The purpose of this kit is to assist ACIMH trainees and supervisors to determine if a trainee is ready to start conducting home visits/outreach activities without the supervision of a co-worker or supervisor.

It is not mandatory or compulsory for trainees and supervisors to complete this tool or return it to MHCC. This kit is only designed to assist trainees and supervisors to determine readiness for solo home visits/outreach activities.

Part 1 Trainee Self Assessment	<i>To be completed by the trainee</i> The purpose of Part 1 is to assist you as the trainee and the supervisor to determine if you are ready to start conducting home visits/outreach activities by yourself. You can complete this self-assessment before you meet with your supervisor or complete it with them during the meeting. This self-assessment will help both you and your supervisor decide if you have the skills, knowledge and confidence to do home visits/outreach activities without another worker.
Part 2 Trainee and Supervisor Assessment	<i>To be completed by the trainee and the supervisor</i> The purpose of Part 2 is to assist trainees and supervisors to determine if a trainee is eligible to commence solo outreach visits/activities with consumers as part of their role as a trainee. We recommend this assessment is completed collaboratively with the trainee to assist in determining their confidence and ability to undertake solo outreach visits.
Part 3 Action Plan	<i>To be completed by the trainee and the supervisor</i> The purpose of Part 3 is to document the gap areas identified in Part 1 & 2 and develop an action plan to assist the trainee to fill the skill and/or knowledge gaps so they are able to do home visits/outreach activities without another worker.

PART 1
TO BE COMPLETED BY THE TRAINEE ONLY
ACIMH Trainee Self-Assessment Home Visits/Outreach Activities

The purpose of this self-assessment is to assist you as the trainee and the organisation to determine if you are ready to start conducting home visits/outreach activities by yourself. You can complete this self-assessment before you meet with your supervisor or complete it with them during the meeting. This self-assessment will help both you and your supervisor decide if you have the skills, knowledge and confidence to do home visits/outreach activities without another worker.

Trainee name:			
Length of time trainee in position:			
Number of outreach visits conducted:			
Induction training on outreach completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
Successfully completed the following units of competence as part of the Certificate IV in Mental Health:			
• Undertake home visits HLTRAH302C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Respond effectively to difficult or challenging behaviour HLTCSD306C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Contribute to WHS processes HLTWHS300A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Work effectively in mental health settings CHCMH401A • Apply understanding of mental health issues and recovery processes CHCMH402B • Establish and maintain communication and relationships to support the recovery process CHCMH403A • Conduct assessment and planning as part of the recovery process CHCMH404B • Work collaboratively to support recovery process CHCMH405A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
List any other relevant training you have attended:			
•	Date completed:		
•	Date completed:		
•	Date completed:		
Is there any other experience, skill or knowledge you have which is relevant to conducting home visits/outreach activities?			

Key	
N/A	Not applicable
MWR	More work required

I do this regularly:	Yes	No	N/A	MWR	Areas of strength	Areas I need assistance (add to action plan)
Prepares appropriately for home visit/outreach activities						
Checks relevant notes/ risk assessment or general information prior to visit/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Confirms time and place for visit/activity and any special entry requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the visit is at home checks the person is expecting, comfortable and prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Identifies who is attending and who else will be present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checks preferred contact details in event of delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clarifies purpose of home visit/activity and confirms the persons understanding and acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checks if there are any special instructions or requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Communication						
Communicates collaboratively with people to effectively achieve the desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Actively listen and respectfully consider what others have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ask clear and relevant questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provide information to consumers and team members that is clear and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check that I understand what is being said and that others understand what I am communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Show empathy and build good relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Show respect for other people and their homes and property on visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provides opportunity for the person to identify and express any issues or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Use language that reflects and document person's response, outcomes and any identified problems related to the services and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Risk and safety						
Checks history of previous visits and contact in relation to unexpected issues and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Assess physical environment and identify relevant requirements to ensure safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work collaboratively to identify and note any difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Collaboratively identify and manage hazards to own and others' health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I do this regularly:	Yes	No	N/A	MWR	Areas of strength	Areas I need assistance (add to action plan)
If any risk of harm is identified, takes steps to prioritise and ensure safety of self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Uses communication effectively to achieve positive outcome and reduce risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Report & review critical incidents- according to policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Make contingency plans to ensure safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
General						
Follow policy and procedures in all work both within the office and on visits or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deal with situations promptly and effectively in accordance with policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Seek guidance and assistance from supervisor on a regular basis and when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manage time when there are competing priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Be organized and prepared for all visits and manage time well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After the home visit/outreach activity						
Follow up after the visit and do any agreed tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Write progress notes soon after the visit/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Let other staff know relevant information if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you feel confident to conduct home visits/outreach activities alone?						
Do you have any concerns about conducting home visits/outreach activities alone?						
Do you feel you have had enough practical experience to conduct home visits/outreach activities alone?						
Do you require any additional support to conduct home visits/outreach activities alone?						

When you have completed this you are now ready to meet with your supervisor and complete Part 2

PART 2
TO BE COMPLETED BY THE TRAINEE AND THE SUPERVISOR
Capacity assessment Home Visits/Outreach Activities

The purpose of this assessment is to assist trainees and supervisors to determine if a trainee is eligible to commence solo outreach visits/activities with consumers as part of their role as a trainee. We recommend this assessment is completed collaboratively with the trainee to assist in determining their confidence and ability to undertake solo outreach visits.

Trainee name:			
Length of time trainee in position:			
Number of outreach visits conducted:			
Induction training on outreach completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
Successfully completed the following units of competence as part of the Certificate IV in Mental Health:			
• Undertake home visits HLTRAH302C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Respond effectively to difficult or challenging behaviour HLTCS306C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Contribute to WHS processes HLTWHS300A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
• Work effectively in mental health settings CHCMH401A • Apply understanding of mental health issues and recovery processes CHCMH402B • Establish and maintain communication and relationships to support the recovery process CHCMH403A • Conduct assessment and planning as part of the recovery process CHCMH404B • Work collaboratively to support recovery process CHCMH405A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date completed:
List any other relevant training attended:			
•	Date completed:		
•	Date completed:		
•	Date completed:		
•	Date completed:		

Key	
N/A	Not applicable
MWR	More work required

The trainee does this regularly:	Yes	No	N/A	MWR	Areas of strength	Areas where more work is required (add to action plan)
Prepares appropriately for home visit/outreach activities						
Checks relevant notes/ risk assessment or general information prior to visit/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Confirms time and place for visit/activity and any special entry requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the visit is at home checks the person is expecting, comfortable and prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Identifies who is attending and who else will be present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checks preferred contact details in event of delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clarifies purpose of home visit/activity and confirms the persons understanding and acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checks if there are any special instructions or requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Communication						
Communicates collaboratively with people to effectively achieve the desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Actively listens and respectfully consider what others have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Asks clear and relevant questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provides information to consumers and team members that is clear and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checks that I understand what is being said and that others understand what I am communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shows empathy and build good relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shows respect for other people and their homes and property on visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provides opportunity for the person to identify and express any issues or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Use language that reflects and document person's response, outcomes and any identified problems related to the services and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Risk and safety						
Checks history of previous visits and contact in relation to unexpected issues and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Assess physical environment and identify relevant requirements to ensure safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work collaboratively to identify and note any difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Collaboratively identify and manage hazards to own and others' health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

The trainee does this regularly:	Yes	No	N/A	MWR	Areas of strength	Areas where more work is required (add to action plan)
If any risk of harm is identified, takes steps to prioritise and ensure safety of self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Uses communication effectively to achieve positive outcome and reduce risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Report & review critical incidents- according to policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Make contingency plans to ensure safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After the home visit/outreach activity						
Follow up after the visit and do any agreed tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Write progress notes soon after the visit/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Let other staff know relevant information if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
General						
Follow policy and procedures in all work both within the office and on visits or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deal with situations promptly and effectively in accordance with policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Seek guidance and assistance from supervisor on a regular basis and when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manage time when there are competing priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Be organized and prepared for all visits and manage time well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the trainee feel confident to conduct home visits/outreach activities alone?						
General questions						
Does the trainee have any concerns about conducting home visits/outreach activities alone?						
Does the trainee feel they have had enough practical experience to conduct home visits/outreach activities alone?						
Does the trainee require any additional support to conduct home visits/outreach activities alone?						
Supervisors comments						
Trainee's comments						
Supervisors recommendation	<input type="checkbox"/> Recommend trainee to conduct solo home visits/outreach activities				Trainee Signature	Date
	<input type="checkbox"/> Recommend action plan to be developed				Supervisor Signature	Date

PART 3
ACTION PLAN TO BE COMPLETED BY THE TRAINEE AND THE SUPERVISOR

Please tick	Areas for development	Person Responsible	To be completed by	Date to be reviewed
<input type="checkbox"/> Prepares appropriately for home visit/outreach activities				
<input type="checkbox"/> Communication				
<input type="checkbox"/> Risk and safety				
<input type="checkbox"/> After the home visit/outreach activity				
<input type="checkbox"/> General				
<input type="checkbox"/> Other				
Supervisors comments				
Trainee's comments				
Supervisors recommendation at review	<input type="checkbox"/> Recommend trainee to conduct solo home visits/outreach activities	Trainee Signature		Date
	<input type="checkbox"/> Recommend continued work on the action plan	Supervisor Signature		Date