

## Goal setting guide

Below are some suggested steps and actions to guide home care staff who work with clients to identify their goals and plan their support. You could use this resource as a checklist to guide you through the process of goal directed support planning or as a point of reference to conduct a short training session with staff regarding goal setting.

| Identify what you already know   | Where can I find this information?   | Examples  |
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| <p>It is important to read all the information available to gain an understanding of the client's situation and what their expectations of the support may be.</p> | <p>Past My Aged Care assessments and plans</p>   | <p>Mrs M was assessed 12 months ago, when she could no longer walk around the supermarket to complete her shopping. Even using a trolley to lean on it was becoming too tiring and difficult. Since this assessment, Mrs M has been receiving social support to do her shopping but sits in a wheelchair outside of the supermarket while the support worker does the shopping.</p> |
|  | <p>Most current My Aged Care assessment and plan</p>   | <p>After a recent support plan review a referral was forwarded for transport. Her support plan stated Mrs M's ability to stand or walk for any distance has become worse. She has agreed to be referred for a physiotherapy assessment and requires transport to attend exercise classes.</p>   |
|  | <p>What is the goal/s identified in the current support plan?</p>  | <p>Mrs M would like to increase her ability to stand and walk around the shops.</p>   |
|  | <p>Other available assessments e.g.: Occupational therapy or physiotherapy</p>   | <p>Awaiting a physiotherapy assessment.</p>   |
|  | <p>Any information on what other supports or services the client maybe accessing.</p>  | <p>Mrs M receives domestic assistance fortnightly and social support to shop fortnightly.</p>   |
|  | <p>Does the client rely on a family carer or other people for support?</p>   | <p>Supportive family who assists with all other needs when required.</p>  |
|  | <p>Follow up with the appropriate people when you have queries about any of the information in the documentation provided.</p> | <p>Follow up with Physiotherapy service regarding timeline for assessment.</p>  |

Check out more information at: [keepable.com.au](https://www.keepable.com.au)

| Having a conversation   | Where can I find this information?   | Examples   |
|---|--|--|
| Using your listening skills is most important when you meet with the client. Be confident when communicating with the client and describing how you and your staff are going to work with them to achieve their goal/s. | Provide the opportunity for the client to express and confirm what their goal/s is or what they want to achieve through receiving support.   | Mrs M said ' she is grateful for the assistance with her shopping but frustrated with having to sit and wait outside the shop and also now finding it difficult to stand when cooking or for any period of time.   |
|   | Check with the client that the goal/s in the support plan are aligned with what is important to the client and what they wish to achieve from the support to be provided.  | Mrs M agreed she wanted to be able to walk around the supermarket and stand for longer periods to do her jobs around the house.  |
|   | Confirm with the client their current abilities and difficulties relating to the activity, if they have commenced modifying the way they do an activity or have commenced an exercise program provided by a physiotherapist, if not do they wish to do so.   | Mrs M said she hopes the physiotherapist can help her with some exercises to get back feeling stronger on her feet.  |
|   | If the goal/s in the assessment support plan are too generic and are not person centred, chat with the client about what is important to them and what do they want to achieve from receiving support until you have reached a point where the goal is specific (precise) and relates to the client and is able to be broken down into steps (see our Reablement Tip sheet for conversation tips - go to:<br><a href="https://keepable.com.au/for-homecare-providers/plans-guides-and-roadmaps/implementing-reablement">https://keepable.com.au/for-homecare-providers/plans-guides-and-roadmaps/implementing-reablement</a> . | When discussing Mrs M's desire to do her own grocery shopping or at least be able to walk around the shop, she talked about her experience of having someone else do her Christmas shopping. Her daughter had to buy her own gift and she missed being able to go and choose gifts for her grandchildren. Also having to constantly sit and rest when trying to do chores at home was frustrating. |
|   | Confirm with the client and check that what you have heard is what the client wishes to achieve.   | Reflecting on your conversation with Mrs M you heard that she was keen to be able to do her own Christmas gift and grocery shopping and stand for longer periods of time when doing the cooking.   |
|   | Monitor progress by checking in with client on a regular basis.  | When you have stepped out the tasks in the plan discuss the dates with Mrs M when you will be checking in to see how she is progressing and make any necessary changes to the plan.  |
|   |  |  |

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| The SMARTA test  | Where can I find this information?   | Examples  |
|--|--|---|
| <p>SMARTA is a good practice framework for setting goals.</p> <p>A SMARTA goal should be specific, measurable, achievable, realistic, time-bound and importantly, agreed.</p> <p>SMARTA goals gives direction to what a person wants to achieve.</p> <p>A well-formulated goal is easy to understand for everyone and more likely to be achieved with positive outcomes.</p> | <p><b>Specific</b></p> <ul style="list-style-type: none"> <li>- How will the goal be achieved?</li> <li>- Who is involved?</li> <li>- What resources are needed?</li> <li>- When is it going to happen?</li> <li>- Why is the goal important to the client?</li> </ul> | <p>I would like to be able to walk around the shops before Christmas to choose the gifts I wish to buy for my family.</p>   |
|  | <p><b>Measurable</b></p> <ul style="list-style-type: none"> <li>- Can you measure or track the progress towards reaching the goal? This is motivating for the client and all those involved with their support.</li> </ul>   | <p>Steps or short-term goals will need to be identified e.g.</p> <ul style="list-style-type: none"> <li>- Attend exercise classes</li> <li>- Access and follow home exercise plan</li> <li>- Practice standing for longer when doing chores including with the support worker</li> <li>- Practice walking further distances around the house and yard</li> <li>- Trial a short walk in the supermarket</li> </ul> |
|  | <p><b>Achievable</b></p> <ul style="list-style-type: none"> <li>- Is the goal important to the client and realistic to achieve, are they motivated to work toward achieving the goal?</li> </ul>   | <p>Mrs M is motivated to be able to do her own Christmas shopping.</p>  |
|  | <p><b>Relevant</b></p> <ul style="list-style-type: none"> <li>- Do the goals have meaning to the client and align with their aspirations and need?</li> </ul>  | <p>Yes, her experience last year saddened her, and Mrs M can see the impact not being able to walk distances is having on her quality of life.</p>  |
|  | <p><b>Time-Limited</b></p> <ul style="list-style-type: none"> <li>- Has a timeframe been set to achieve the goal, is progress being reviewed? Setting a timeframe will assist with boosting the motivation for the client.</li> </ul>                                  | <p>Yes, there is a longer-term goal with shorter goals/steps to track progress.</p>   |
|  | <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>- If the goal is not meaningful and important to the client they will not be motivated to work towards achieving it.</li> </ul>  | <p>Very important to Mrs M to be able to take back the control of her shopping and enjoy cooking without feeling so tired or having to constantly sit down.</p>   |