

1. 5-Step Competency Assessment

There are a number of materials to help you.

- a) **5-Step Competency Assessment Form** - this is designed so you can self-assess how well you meet each of the 5-Step competencies. The same sheet is also used in the accreditation process by the expert assessor.
- b) **5-Step Competency Checklist** - this is similar to the competency sheet but in a handier checklist format. This is useful to use as you are facilitating the session - this helps you to ensure you remember all the competencies for each Step. This can also be used after the session and by peers/supervisors.
- c) **5-Step Example of Good Practice in Completing the Assessment by Expert Assessor** - this will also help guide you in completing an assessment.
- d) **5-Step Competency Assessment. Examples of Common Problems and Feedback Statements** - this summarises common problems that practitioner's may experience in each Step. It also gives useful tips and guidance. It is particularly helpful in giving examples of useful phrases to use when providing feedback when rating either someone else's session or reflecting on one's own competency.

The competency assessment sheet will get updated from time to time, as we all learn how to make it better; so make sure you have the latest sheet. Using the old assessment sheet (and therefore older assessment criteria) causes some people to miss out on marks and even fail. The latest assessment sheet, checklist and all other 5-Step materials are on the AFINet website www.afinetwork.info. For the Matua Raki trainees, all information will be on a central dropbox.

2. Accreditation

We encourage all practitioners who use the 5-Step Method to become accredited. This is so you and the organisation you work for know that you are a competent practitioner. It will help you review and improve your practice. The process of accreditation will be explained to you at the 5-Step Method practitioner training and is outlined below. For accreditation, you must have consent from the family member (an agreed form will have been provided by your organisation). Also as per your agreed organisational procedure, you should also have filled in the Family Member Questionnaire and either sent back a scanned paper copy or uploaded the data via a tablet on Survey Monkey.

3. Accreditation: the process

In order to become accredited, you need to submit one audio-recorded example of each Step of the 5-Step Method sessions (ie Step 1 to Sep 5) with a Family Member and your completed 5-Step Competency Assessment Form. Please use the information sheet and consent form provided at the training. The audio-recordings do not have to be with the same Family Member for all Steps. You can, if you wish, select different steps with different Family Members, although there may also be drawbacks if you do in terms of continuity between sessions, which may therefore require additional written explanation. We recommend you submit each Step recording separately e.g. submit Step 1 and then receive feedback. This will then help you improve your practice before you submit Step 2.

Before submitting these recordings for accreditation, you must listen to your recordings and self-assess yourself, following the instructions below. You can also ask a colleague/peer to assess you as well, if you feel that would help you. You must only submit the recordings when you/your peer score the recordings as meeting the required standard. The criteria for passing are listed in section 7.

Once the recordings are submitted, the expert accredited assessor will then assess your practice by listening to your recorded sessions and filling out the 5-Step Assessment Competency Form.

4. Scoring Tables 1 and 2

When assessing, use the following scores to rate how well each criterion is met.

0 = No Evidence. 1 = Very Poor. 2 = Poor. 3 = Acceptable. 4 = Good. 5 = Excellent.
You can use .5 scores as necessary e.g. 3.5

Remember for Table 1 and 2 to:

- add up the scores for each step
- and the total for Table 1 and 2
- and convert to percentages.

For each section, state if a Pass, Pass with Reservations or a Resubmission (see section 7).

Some criteria may not be score-able if they are not appropriate in the particular 5-Step Method session being rated. If a criterion is not appropriate, it should be marked as N/A (and WHY it is not appropriate specified in the comments box), and then the scoring percentage needs to be altered in Table 1 so that the percentage is out of 20 and not 25. e.g. Score of 4/NA/3.5/4/4 = 15.5. $15.5/20$ (not 25) = 77.5%

5. Instructions on Writing Comments

- a) It is essential that scores are justified by **writing down the evidence** within the comments box. What is written needs to validate the score given - ie what is the evidence that the practitioner met the competence at the level shown (eg x.x out of 5) for each criterion that makes up the Step. It is useful to actually write some of the sentences used verbatim.
- b) If the score is less than 5, you **ALSO** need to state **how the practitioner would have to improve** in order to get a 5 out of 5 rating. There is a sheet to help you titled: **5-Step Competency Assessment. Examples of Common Problems and Feedback Statements.**
- c) Reading the comments should enable someone to know what score was given. A tip for reviewing whether your comments are adequate is: if there was no score allocated, would you/ someone else be able to give a correct score purely by reading the comments provided?
It is useful to write a summary at the end of each Step on areas that were competent and where improvements were needed.

6. Instructions and Tips

- a) The scores given need to reflect how well the practitioner has met each stated competence. It also needs to reflect how well this was done by the use of good counselling skills. As an example, someone may meet the competence but the manner in which this was done may have been poor e.g. by asking lots of closed questions. In this case, you may mark them down by 1 mark, with explanation in the comments section.
- b) Whether or not the practitioner is part of the 5-Step Method accreditation system, the purpose of the practitioner scoring themselves (and possibly of having a peer/colleague score the same session) is to help the practitioner reflect on what s/he does well, and what could be improved upon, so that the 5-Step Method is carried out to the highest standard.
- c) If the practitioner is part of the 5-Step Method accreditation system, scoring is carried out by an accredited assessor only after the practitioner has assessed their own recordings, and their scores/comments show that they have passed themselves. The practitioner can also use a peer practitioner to rate the recordings, to further increase the chances that submitted recordings are of the required standard, but this is optional.
- d) For accreditation, ideally all recordings should be submitted within six months following training.
- e) Sometimes the AFM, just by talking, can appear to fulfil some of the criteria. But the criteria relate to what the practitioner says and does, not to what the AFM says. For example, the AFM might tell their story in great detail, even if the practitioner says virtually nothing; but when we are assessing a recording, we concentrate on what the practitioner says, so that we can score the practitioners skills (and hence if it is a self- or a peer-assessment, we are listening to our own or a colleague's

skills) in delivering the 5-Step Method. A good rule on scoring is "if I just listen to the practitioner and not the Family Member, would I hear evidence of 5-Step Method good practice?"

- f) Sometimes the practitioner covers a Step in other sessions e.g. Step 3 may start with a recap of Step 2 and asking about other information needs. This new evidence may then mean that you revise your score for that earlier Step. Similarly, some key areas of Support might come up in Step 3 (Coping), which might be summarised and referred to in Step 4. If a score for another Step is amended in view of this new evidence, this must be noted in the comments section.
- g) Scoring must be done independently; so if you are an expert assessor or a colleague doing a peer-assessment, do not look at the practitioner's own assessment until after you have completed the assessment.
- h) To speed up the process, it is possible to listen to the recording at a faster speed (eg at 1.4 or 1.5 speed), as long as it is still understandable.

Tips to increase the chances of passing when your recordings are being 'expert assessed'

- a) Remember the person scoring and commenting on the recording/transcript is reviewing the following:
 - i. **Does the practitioner meet the actual competency stated for each step?** The scorer is looking for the actual evidence and then needs to write this evidence down in the comments e.g. can they state the relevant stresses for the Affected Family Member (AFM).
 - ii. **Does the practitioner meet the competency by using good counselling techniques?** The scorer must review the manner in which the practitioner gained the information and the practitioner will be marked down if counselling skills are not satisfactory.
- b) In reviewing 5-Step Method recordings, the first and biggest error in unsatisfactory recordings is the shortness of the Step. 10-15 minute Steps are NOT long enough. It is very rare for someone to pass a Step with a session of this length, no matter how high the quality - there is simply not enough time to cover each assessment criterion within a recording of this length. The ideal length of a step should be 45 minutes + (anywhere from 45 mins-1 hour is normal). Remember to write the duration of each recording - this is shown on the Competency Assessment Form.
- c) If one of the assessment criteria is not even mentioned, the practitioner will score nil on that criterion; and this will mean the 5-Step Method trainee will fail that step - even if s/he gets perfect 5.0 scores in every other criterion. A simple way for any practitioner to avoid this would be for the practitioner to bring the assessment criteria with them (or simply have 5 bullet points with the criteria written down) to check before finishing the session that all criteria have been covered. There is no 'perfect sequence' that the criteria need to be covered in, and hence no marks are gained for covering the criteria in any particular order: so if you remember you have forgotten something, still raise it at the end of the session, and you will still get marks for it.
- d) Reading directly from the Handbook is also a bad strategy (unless the practitioner is using the handbook with the AFM to cover an exercise). It is pretty obvious even on a recording when this is being done, because it feels stilted; but concentrating on reading from the Handbook also distracts the practitioner from what the AFM is saying. As a result, practitioners often miss important points, skip assessment criteria and generally don't do a great step.

7. 5-Step Method Skills Assessment and Range of Feedback from Accredited Assessor

The accredited assessor will identify at the end whether the practitioner is A, B, or C. They will only look at the practitioner's self-assessment competency sheet once they have completed their independent assessment.

NB. If you are submitting each of the 5-Steps individually, then the Accredited Assessor will rate each Step for Counselling and Other Skills. They will then summarise an overall score when Step 5 is submitted.

A) Pass

- **Table 1, 5-Step Skills:** Above 65% for all Steps (majority of scores are 3.5 and above) **AND**
- **Table 2, Counselling & Other Skills:** A total of above 65% (majority of scores are 3.5 and above)

B) Pass with Reservations*

- **Table 1, 5-Step Skills:** Generally 60% and above and below 65% (some scores of 3 or below) **OR**
- **Table 2, Counselling & Other Skills:** Generally 60% and above and below 65% (some scores of 3 or below)

C) Resubmission required for a Step or all Steps*

- **Table 1, 5-Step Skills:** Below 60% (scores of mainly 3's and below) **AND/OR**
- **Table 2, Counselling & Skills:** Below 60% (scores of mainly 3's and below)

*For B & C, an action plan needs to be submitted, outlining the steps to be taken to improve the practitioner's skills in whichever area(s) the reservations relate to (ie a single Step, or all Steps, or areas within Counselling & Other skills). The accredited assessor must state exactly what the plan is and the timescale over which it needs to be delivered. This plan might cover a range of actions, including: role plays observed by an accredited assessor or accredited trainer, listening to the step again alongside an accredited assessor to review the evidence, and resubmission of a Step.

NB. There may be unusual circumstances where someone fails on a Step but where you still feel that they should pass overall - if so, add explanatory comments.

8. End Summary

- a) State A, B, C.
- b) Provide overall comments on Tables 1 and 2. State improvements and action plan as needed. In addition, the assessor will also provide comments on the quality of the practitioner's self-assessment competency sheet e.g. quality of comments to show that the competency is met.

9. Confidentiality and Governance.

At no time should there be any information which gives the client/service user name. Only an identifying code should be recorded on any 5-Step form or the Family Member Questionnaire. After a recorded session has been listened to for accreditation purposes, this must be deleted off your computer or mobile device. You should also inform the person/organisation where it came from that the accreditation process is complete so it can also be deleted off their computer systems.

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