

<b>Title</b>	<b>Act as an advocate in a health or wellbeing setting</b>		
<b>Level</b>	<b>4</b>	<b>Credits</b>	<b>5</b>

<b>Purpose</b>	<p>People credited with this unit standard are able to:</p> <ul style="list-style-type: none"> <li>• clarify an issue that requires advocacy for a person in a health or wellbeing setting;</li> <li>• prepare an advocacy plan for a person in a health or wellbeing setting;</li> <li>• implement an advocacy plan for a person in a health or wellbeing setting;</li> <li>• evaluate an implemented advocacy plan for a person in a health or wellbeing setting.</li> </ul>
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<b>Classification</b>	Social Services > Provide Social Services
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<b>Available grade</b>	Achieved
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## Guidance information

### 1 Assessment conditions:

Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

People awarded credit for this unit standard must work under the guidance and delegation of a health professional in accordance with own role and responsibilities, and organisational policies and procedures.

Confidentiality issues must be defined through negotiation and informed consent, and criteria established by organisational policies and procedures.

### 2 Range:

Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- documented organisational policies, procedures, and methodologies;
- applicable health and safety plans, contract work programmes, and quality assurance programmes.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pasifika, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the legislative and regulatory requirements specified in:

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code of Rights);

- Health and Disability Services (Safety) Act 2001;
- Health and Safety at Work Act 2015;
- Official Information Act 1982;
- Privacy Act 2020.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8134.0:2008 *Health and disability services (general) Standard*;
- NZS 8134.1:2008 *Health and disability services (core) Standards*;
- NZS 8134.3:2008 *Health and disability services (infection prevention and control)*
- NZS 8158:2012 *Home and Community Support Sector Standard*.

NZ standards can be retrieved from <http://www.standards.co.nz/>.

### 3 Definitions:

*Community* includes but is not limited to a community of interest, a community of locality, a cultural community, a kin group. People awarded credit for this unit standard demonstrate competence in one context.

*An issue requiring advocacy* may include: nature and extent of the issue; cultural, economic, political and social factors; legal issues; agencies, organisations and people holding power or resources; the nature of the relationships between agencies, organisations; stated positions and motivations of agencies, organisations, and people holding power or resources; nature of support and/or opposition from agencies and organisations; possible alliances with other interested individuals, families or whānau, hapū, iwi, groups, or communities who support and/or are affected by the issue.

*Health or wellbeing setting* includes but is not limited to: the aged care, acute care, community support, disability, mental health, rehabilitation, social services and youth development sectors.

*Health professional* refers to a person who is registered with an authority (which is appointed by or under the Health Practitioners Competence Assurance Act 2003) as a practitioner of a particular health profession to deliver health services in accordance with a defined scope of practice.

*Organisational policies and procedures* are the policies, procedures, and methodologies used in an organisation. They include legislative and regulatory requirements which may apply across an organisation, a specific site, or a workplace. Requirements are documented in organisational health and safety plans, contract work programmes, quality assurance programmes, policies, and procedural documents such as job descriptors and employment contracts.

*Person* is a person accessing services. Other terms used for the person may include client, consumer, customer, patient, individual, resident, or service user.

*Support* should aim to maintain, improve, or restore a person's independence by utilising existing strengths and appropriate resources; but may include providing assistance to enable a person's health and wellbeing needs to be met.

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## Outcomes and performance criteria

### Outcome 1

Clarify an issue that requires advocacy for a person in a health or wellbeing setting.

#### Performance criteria

- 1.1 The issue is clarified according to information presented by the person.
- Range information may include but is not limited to - oral accounts, written sources, personal interviews.
- 1.2 The desired outcomes of advocacy are clarified and confirmed with the person.
- 1.3 People, agencies and organisations, are identified in terms of their relevance to the issue.
- Range people, agencies, and organisations may include but are not limited to: individuals, groups, communities seeking advocacy; agencies, organisations, and people holding power or resources in the situation; others who support or are otherwise affected by the issue.

### Outcome 2

Prepare an advocacy plan for a person in a health or wellbeing setting.

#### Performance criteria

- 2.1 Essential parts of the advocacy plan are identified and included.
- Range essential parts may include but are not limited to: safety of the people involved; desired outcomes; identified spokespeople; identification of available resources; timeframe; responsibilities and accountabilities of people involved in implementing the plan; contingencies; procedures to be followed in relation to contingencies; methods for evaluating progress.
- 2.2 Strategies are identified and adopted to help achieve the desired outcome.
- Range strategies may include but are not limited to: individual advocacy, self-advocacy, lobbying, negotiation, private and public meetings, public demonstrations, letters, petitions, submissions, use of news media, social media, public events, presentations; evidence is required of two strategies, one of which is submissions.

**Outcome 3**

Implement an advocacy plan for a person in a health or wellbeing setting.

**Performance criteria**

- 3.1 Strategies are applied in accordance with own part in the advocacy plan and organisational policies and procedures.
- 3.2 Submissions to people, agencies and organisations are prepared and presented in accordance with any requirements.

Range requirements may include but are not limited to - orally or in writing; prescribed format; confidentiality or non-publication requirements.

**Outcome 4**

Evaluate an implemented advocacy plan for a person in a health or wellbeing setting.

**Performance criteria**

- 4.1 The advocacy plan is evaluated in consultation with the person using methods that measure actual outcomes against the desired outcomes.
- 4.2 Where necessary, amendments are made to the advocacy plan in accordance with evaluation outcomes and in consultation with the person.

<b>Planned review date</b>	31 December 2026
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**Status information and last date for assessment for superseded versions**

Process	Version	Date	Last Date for Assessment
Registration	1	MM 2021	

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <https://www.nzqa.govt.nz/framework/search/index.do>

**Comments on this unit standard**

Please contact Careerforce at [info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard.