

Title	Demonstrate knowledge of disability and aging in local and international contexts		
Level	6	Credits	10

Purpose	<p>This unit standard is intended for people who are, or who intend to be employed in disability support assessment, planning, and coordination in the community support sector.</p> <p>People credited with unit standard are able to:compare a range of definitions and theories of disability and aging; analyse the historical response to disability and/or aging in a local context; outline the impairments, conditions, rights and needs of specific groups of disabled or older people; compare international developments in relation to disability and aging to New Zealand's policies and practices; and compare two models of assessment, planning and coordination practice for working with disabled, older people or a specific group of people.</p> <ul style="list-style-type: none"> • <u>compare definitions and theories of disability and aging;</u> • <u>analyse historical responses to disability and/or aging in Aotearoa New Zealand;</u> • <u>identify and describe the impairments, conditions, rights and needs of a specific group of disabled or older people;</u> • <u>compare international policy developments in disability and aging with practices used in Aotearoa New Zealand;</u> • compare models of assessment, planning and coordination practice for working with a specific group of disabled or older people.
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Classification	Community Support > Disability Support Assessment, Planning, and Coordination
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Available grade	Achieved, Merit, and Excellence
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Entry information	
Critical health and safety prerequisites	Open.
Recommended skills and knowledge	{Only appears if populated.}

Criteria for Merit	{Only appears if populated.}
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Criteria for Excellence	[Only appears if populated.]
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Explanatory notes Guidance Information

~~1 Theories of disability and aging include but are not limited to medical models, social models, partnership model, social role valorisation, whare tapa wha, fono fale, and other cultural models.~~

12 References

- Cameron, C. (2014). *Disability Studies: A Student's Guide*. London: Sage.
- ~~Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga – Report of the Government Inquiry into Mental Health and Addiction*. Retrieved from <https://tinyurl.com/y6hdaozc>.~~
- ~~Ministry of Health. (2020). *Ola Manuia – Pacific Health and Wellbeing Action Plan 2020-2025*. Retrieved from <https://tinyurl.com/y5zdkx66>.~~
- ~~Ministry of Health. (2016). *Healthy Aging Strategy*. Retrieved from <https://tinyurl.com/y2s68mp9>.~~
- ~~Ministry of Social Development. (2016). —*New Zealand Disability Strategy 2016-2026., Making a World of Difference*. Retrieved from <https://tinyurl.com/y68ag4df>.~~ ~~Whakanui Oranga, Ministry of Health 2001,~~
- Morris, J., *Pride Against Prejudice* (London: Virago, 1991); Retrieved from <https://tinyurl.com/y58sa89w>.
- O'Brien, P. and Murray, R. (2005). *Allies in Emancipation: Shifting from Providing Service to Being of Service*. Southbank, Victoria: Thompson.
- Oliver, M. (1996). *Understanding Disability: From Theory to Practice*. London: Macmillan.
- Oliver, M., and Barnes, C. (1998). *Disabled People and Social Policy: From Exclusion to Inclusion*. London: Addison Wesley Longman.
- ~~The New Zealand Positive Aging Strategy, Ministry of Social Development 2001, Health of Older People Strategy, Ministry of Health 2002, He Korowai Oranga: Maori Health Strategy, Ministry of Health 2002~~ ~~The Office for Seniors – Te Tari Kaumātua. (2019). *Better Later Life He Oranga Kaumātua 2019 to 2034*. Retrieved from <https://tinyurl.com/y6e53tcv>.~~

~~The Pacific Health and Disability Action Plan, Ministry of Health 2002, Te Tahuhu: Improving Mental Health 2005–2015, Ministry of Health 2005. Strategies are available through respective Government department websites.~~

~~3 References~~

~~Recommended texts that are relevant to this unit standard include but are not limited to: Albrecht, G., Seelman, K., & Bury, M., *Handbook of Disability Studies* (London: Sage, 2001); Ballard, K., *Disability, Whanau and Society* (Palmerston North: Dunmore Press, 1994); Swain, J., French, S., Barnes, C., Thomas, C., *Disabling Barriers, Enabling Environments* (London: Sage, 2004); Davis, P., and Dew, K. (eds.) *Health and Society in Aotearoa New Zealand* (Auckland: Oxford University Press, 1999); Durie, M. *Whaiora: Maori Health Development* (Auckland: Oxford University Press, 1998); Nikora, L., Karapu, R., Hickey, H., and Teawakotuku, N., *Disabled Maori and Disability Support Options: A report prepared for the Ministry of Health* (Wellington: Maori Development Research Centre, 2004); Montague, M., *Private Lives?*~~

~~(Auckland: Office of the Privacy Commissioner, 1994); Morris, J., *Pride Against Prejudice* (London: Virago, 1991); Nolan, M., Davies, S., and Grant, G., (eds.), *Working with Older People and their Families: Key Issues in Policy and Practice* (Philadelphia: Open University Press, 2001); O'Brien, P., and Murray, R., (eds.) *Human Services: Towards partnership and support* (Palmerston North: Dunmore Press, 1997); O'Brien, P. and Murray, R., *Allies in Emancipation: Shifting from Providing Service to Being of Service* (Southbank, Victoria: Thompson, 2005); Oliver, M., *Understanding Disability: From Theory to Practice* (London: Macmillan Press, 1996); Oliver, M., and Barnes, C., *Disabled People and Social Policy: From Exclusion to Inclusion* (London: Addison Wesley Longman, 1998); Opie, A., *Beyond Good Intentions* (Wellington: Victoria University of Wellington, 1995); Rioux, M., and Bach, M., *Disability is not Measles* (North York, Ontario: Roeher Institute, 1994); Schwartzberg, S., *Becoming Citizens: Family life and the Politics of Disability* (Seattle: University of Washington Press, 2005); Swain, J., French, S., and Cameron, C., *Controversial Issues in a Disabling Society* (Philadelphia: Open University Press, 2003).~~²⁴ Definitions

— Specific group of people may include but is not limited to – children and young people with high and complex needs; people with Autism Spectrum Disorders (ASD); people with dementias; people with dual diagnosis of disability disability and mental health needs; people with multiple impairments.

Theories of disability and aging include but are not limited to – medical models, social models, partnership model, social role valorisation, te whare tapa whā, ffonofale, and other cultural models.

Outcomes and evidence requirements performance criteria

Outcome 1

Compare definitions and theories of disability and aging.

Evidence requirements Performance criteria

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|-------|---|
| 1.1 | Comparison establishes Definitions of disability <u>are compared</u> for similarities and differences. |
| Range | three definitions. |
| 1.2 | Comparison establishes Definitions of aging <u>are compared</u> for similarities and differences. |
| Range | three definitions. |
| 1.3 | A Disability theory and an aging theory are compared for approaches to diversity. |
| Range | four of – age, gender, class, sexuality, sexual orientation, race, ethnicity, deprivation. |

Outcome 2

Analyse ~~the~~ historical responses to disability ~~and/or~~ aging in ~~a local context~~ Aotearoa New Zealand.

Range analysis is required of a geographic location ~~in New Zealand~~ or a population in Aotearoa New Zealand. Populations can include disabled people, older people, mental health populations, or ethnic and cultural groups.

~~Evidence requirements~~ Performance criteria

2.1 ~~Analysis incorporates~~ Sstrategies, policy, and funding requirements are analysed.

Range ~~includes but is not limited to~~ national, regional, local.

2.2 Analysis defines terminology, identifies attitudes, distinguishes stereotypes, and explains barriers.

2.3 ~~Analysis incorporates~~ Sservice provision and access frameworks are analysed.

~~2.4~~ ~~Analysis accords with recommended texts.~~

Outcome 3

Identify and describe the impairments, conditions, rights and needs of a specific group of disabled or older people.

~~Evidence requirements~~ Performance criteria

3.1 ~~Outline identifies and explores~~ The consequences of an impairment or disability type are identified and described for a specific group of people, ~~including individuals/families/whanau/carers~~.

3.2 ~~Outline identifies and explores~~ Aa disease pathway and consequences of an impairment or disability type are identified and described for a specific group of people, ~~including individuals/families/whanau/carers~~.

3.3 ~~Outline identifies and explores~~ Family dynamics and the ways in which specific groups of people, ~~including how individuals/families/whanau/carers~~ interact and respond to stressors are identified and described.

~~3.4~~ ~~Outline accords with recommended texts.~~

Outcome 4

Compare international policy developments in disability and aging with practices used in Aotearoa New Zealand ~~in relation to disability and aging to New Zealand's policies and practices~~.

Range evidence is required from two countries ~~—~~ one description associated with covering disability policies and another description in relation to covering aging policies.

Evidence requirements**Performance criteria**

4.1 ~~Comparison identifies and explains~~ international policies are identified and described in terms of similarities ~~with~~ and differences to policies in Aotearoa ~~from~~ New Zealand ~~policies~~.

4.2 ~~Comparison describes~~ International policies for service delivery are and outlined and described in terms of their similarities ~~with~~ and differences ~~from~~ to policies in Aotearoa New Zealand ~~d~~ policies.

~~4.3 Comparison accords with recommended texts.~~

Outcome 5

Compare models of assessment, planning and coordination practice for working with a specific group of disabled or older people.

Range models may include but are not limited to – strength-based models, social role valorisation, rights, entitlements, needs assessment and service coordination, case management, care coordination; evidence is required of two models that cover assessment, planning, and coordination.

Evidence requirements**Performance criteria**

5.1 The ~~Comparison includes~~ strengths and weaknesses of each model are described and compared.

5.2 ~~Comparison includes~~ Potential outcomes for the specific group of disabled or older people are identified and compared.

5.3 Comparison accords with recommended texts.

Replacement information	Dummie Replacement Information
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Planned review date	31 December <u>2025</u>
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 March 2008	<u>31 December 2022</u> N/A
<u>Review</u>	<u>2</u>	<u>MM 2021</u>	<u>N/A</u>

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

Please note

~~Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.~~

~~Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.~~

~~Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.~~

~~Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMRs). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.~~

Comments on this unit standard

~~Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.~~

~~Please contact the SSB ssb@email.address if you wish to suggest changes to the content of this unit standard.~~