

<b>Title</b>	<b>Describe and implement health and wellbeing strategies for <u>a consumers-person</u> in an aged care, health, or disability context</b>		
<b>Level</b>	<b>5</b>	<b>Credits</b>	<b>10</b>

<b>Purpose</b>	<p>People credited with this unit standard are able to, <u>in an aged care, health, or disability context</u>: <del>describe lifestyle choices in relation to enhancing the health and wellbeing of consumers; identify and select strategies to support positive health and wellbeing outcomes for consumers; implement strategies to support positive health and wellbeing outcomes for consumers; and review, carry out reflective practice, and report on strategies to support positive health and wellbeing outcomes for consumers; in an aged care, health, or disability context.</del></p> <ul style="list-style-type: none"> <li>• <u>describe lifestyle choices that can enhance the health and wellbeing of a person;</u></li> <li>• <u>identify and select strategies to support positive health and wellbeing outcomes for a person;</u></li> <li>• <u>implement strategies to support positive health and wellbeing outcomes for a person;</u></li> <li>• <u>evaluate and report on strategies that support positive health and wellbeing outcomes for a person.</u></li> </ul>
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<b>Classification</b>	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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<b>Available grade</b>	Achieved
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**Explanatory notes****Guidance Information**

**1 Assessment conditions**

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

This unit standard cannot be assessed against in a simulated environment.

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.

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

~~1—Legislation and codes relevant to this unit standard include:~~

- ~~• Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (Code of Rights);~~
- ~~• Health and Disability Services (Safety) Act 2001;~~
- ~~• Health and Safety in Employment Act 1992;~~
- ~~• Human Rights Act 1993;~~
- ~~• Privacy Act 1993.~~

~~• 2New Zealand Standards relevant to this unit standard include:~~

- ~~• NZS 8134.0:2008 Health and disability services Standards—Health and disability services (general) Standard;~~
- ~~• NZS 8134.1:2008 Health and disability services Standards—Health and disability services (core) Standards.~~

### 3 References

- ~~• National Advisory Committee on Health and Disability. (1998). *The social, cultural and economic determinants of health in New Zealand: Action to improve health – A report from the National Advisory Committee on Health and Disability (National Health Committee)*. Wellington: National Advisory Committee on Health and Disability, Retrieved from available <https://tinyurl.com/y5p6wf4d>.~~
- ~~• World Health Organization. (1986). *Ottawa charter for health promotion: First International Conference on Health Promotion, Ottawa, 21 November 1986*. Retrieved from <https://tinyurl.com/y5rfgsfe>.~~
- ~~• World Health Organization. (1997). *Jakarta declaration on leading health promotion into the 21st Century*. Retrieved November 24, 2020 from <https://tinyurl.com/y2yjgz57>. Jakarta, Indonesia: Author, available at.~~

### 4 Definitions

~~• Candidate refers to the person seeking credit for this unit standard.~~

~~• Consumer is defined in the Code of Rights and the Health and Disability Commissioner Act 1994 in the following ways:~~

~~'Consumer means a health consumer or a disability services consumer; and, for the purposes of Rights 5, 6, 7(1), 7(7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer'—Code of Rights, Regulation 4.'~~

~~Disability services consumer means any person with a disability that—~~

~~(a) Reduces that person's ability to function independently; and  
(b) Means that the person is likely to need support for an indefinite period'— Health and Disability Commissioner Act 1994, s. 2.~~

~~'Health consumer includes any person on or in respect of whom any health care procedure is carried out'— Health and Disability Commissioner Act 1994, s. 2.  
Consumers may also be known as patients, clients, or tūroro, in particular contexts and settings.~~

~~—Duty of care means the obligations that a health and disability provider has to provide services to consumers of a nature and standard that will: protect a person's their safety; minimise risk and the possibility of injury and harm; provide therapeutic benefits; and promote their optimum health and wellbeing.~~

*Health and wellbeing* refers to a holistic concept of a personconsumer's mental, emotional, physical, spiritual, and social wellbeing.

~~*Interdisciplinary team* refers to a group of personnel within an aged care, health, or disability setting, whose collective expertise, skills, practice tasks, and competencies focus on supporting consumers to achieve their stated goals. Interdisciplinary team members may include clinicians and health professionals, team leaders/managers, healthcare assistants, and support workers.~~

~~—Key determinants refers to the principal factors that promote a consumer's person's optimum levels of health and wellbeing, including —: a supportive social environment, eg positive relationships, self-management; a safe physical environment, eg minimising injury and falls, absence of physical, emotional, sexual, or financial abuse; personal health-related practices, eg smoking, alcohol, other non-prescribed drugs, medications, exercise, hygiene, nutrition; and accessible health services, eg primary health care providers, specialists, dentists, screening services.~~

~~—Lifestyle choices refers to possibilities, practices, habits, circumstances or changes that a person is able to enact or influence in terms of daily living. Lifestyle choices will affect a person's overall levels of health and wellbeing on a continuum ranging from positive, productive, and healthy ways of living to negative, unproductive, and unhealthy ways of living.~~

~~Organisational policies and procedures are policies, procedures, and methodologies of 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. Organisation's policies and procedures are the policies and procedures of the employing organisation of the candidate and include ethical codes, standards, and other organisational requirements.~~

~~—A person-centred approach is an approach which places the person being supported at the centre by encouraging participation and choice, and viewing them as an individual with unique qualities, abilities, interests, preferences and needs. person-centred approach focuses on a person's individuality, relationships, needs, communication, feelings, and abilities; and takes a holistic view of the person's situation as the starting point for determining the type and level of service to be provided.~~

~~Reflective practice refers to a process whereby the candidate critically reviews own motivation, choices, decisions, and actions in a given situation; with a view to evaluating their suitability and effectiveness for the situation, learning from the experience, and enhancing future approaches and activities.~~

~~Strategies in the context of this unit standard~~ refers to purposeful, targeted plans and interventions within a broad service delivery model or approach applied over a period of time, that aim to give people increased control over the key determinants of health and wellbeing, and thereby improve their health status. The Ottawa Charter identifies three basic strategies to promote the health and wellbeing of consumerspeople: advocacy for health to create the essential conditions for optimum health and wellbeing; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health and wellbeing.

~~This unit standard cannot be assessed against in a simulated environment. For assessment, candidates must demonstrate competence in the workplace through paid or unpaid employment, or in placements in a service provider workplace negotiated by an education provider.~~

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## Outcomes and evidence requirementsperformance criteria

### Outcome 1

Describe lifestyle choices ~~in relation to~~that can enhanceing the health and wellbeing of ~~consumers a person~~ in an aged care, health, or disability context.

Range evidence is required of two lifestyle choices for each of two different ~~consumerspersons~~.

### Evidence requirementsPerformance criteria

- 1.1 Lifestyle choices ~~are described in terms of their capacity that~~ can enhance ~~at the person's key determinants of~~ health and wellbeing key determinants are described.
- 1.2 Potential consequences of lifestyle choices, both positive and negative, ~~of lifestyle choices~~ are described in terms of their effect on health and wellbeing outcomes.

### Outcome 2

Identify and select strategies to support positive health and wellbeing outcomes for a ~~consumersperson~~ in an aged care, health, or disability context.

Range each strategy must include actions that – promote a supportive social environment, promote a safe physical environment, encourage positive personal health-related practices, promote access to health services;  
~~\_\_\_\_\_~~evidence is required of two strategies for each of two different ~~consumerspersons~~.

### Evidence requirementsPerformance criteria

~~2.1 Strategies to support positive health and wellbeing outcomes are described in accordance with the references.~~

2.12 Strategies ~~to support positive health and wellbeing outcomes~~ are identified and selected in accordance with a person-centred approach.

2.23 Strategies ~~to support positive health and wellbeing outcomes~~ are identified and selected in accordance with the provisions of the Code of Rights and ~~the concept of~~ duty of care.

2.34 Strategies ~~to support positive health and wellbeing outcomes~~ are identified and selected in accordance with ~~the~~ organisation's policies and procedures.

### Outcome 3

Implement strategies to support positive health and wellbeing outcomes for a consumers person in an aged care, health, or disability context.

Range each strategy must include actions that – promote a supportive social environment, promote a safe physical environment, encourage positive personal health-related practices, promote access to health services; ~~\_\_\_\_\_~~ evidence is required of two strategies for each of two different personconsumers.

#### ~~Evidence requirements~~Performance criteria

3.1 Strategies ~~to support positive health and wellbeing outcomes~~ are implemented in accordance with a person-centred approach.

3.2 Strategies ~~to support positive health and wellbeing outcomes~~ are implemented in accordance with the provisions of the Code of Rights and ~~the concept of~~ duty of care.

3.3 Strategies ~~to support positive health and wellbeing outcomes~~ are implemented in accordance with ~~the~~ organisation's policies and procedures.

~~3.4 The implementation of each strategy is evaluated in terms of its impact on the consumer, the interdisciplinary team, and the organisation.~~

### Outcome 4

~~Review, carry out reflective practice, Evaluate~~ and report on strategies ~~thate~~ support positive health and wellbeing outcomes for a consumers person in an aged care, health, or disability context.

Range evidence is required of two strategies for each of two different consumerspersons.

#### ~~Evidence requirements~~Performance criteria

4.1 ~~Following implementation, s~~Strategies to support positive health and wellbeing outcomes are reviewed ~~evaluated~~ with the consumer ~~person~~ and the consumer's ~~their~~ family ~~and~~ /whānau, in accordance with the organisation's policies and procedures.

~~4.2 The candidate carries out reflective practice on the choice of strategies and the manner in which they were applied.~~

4.2 The evaluation measures actual outcomes against desired outcomes and recommends any amendments required to improve strategies.

4.3 ~~The outcomes of Strategy~~the review ~~evaluation outcomes~~ of strategies to support positive health and wellbeing outcomes are reported to the ~~interdisciplinary team~~ in accordance with ~~the~~ organisational's policies and procedures.

<b>Planned review date</b>	31 December <del>2016</del> <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	17 June 2011	<del>N/A</del> <u>31 December 2022</u>
<u>Review</u>	<u>2</u>	<u>MM 2021</u>	<u>N/A</u>

<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>.

**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](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard. Please contact the [Community Support Services Industry Training Organisation Limited info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard.~~