

Title	Communicate to support people's health and wellbeing		
Level	3	Credits	5

Purpose	<p>This unit standard is for people providing services in a health or wellbeing setting.</p> <p>People credited with this unit standard are able to: describe challenges to effective communication in a health or wellbeing setting, describe the process for accessing communication supports in a health or wellbeing setting, communicate with a person to support their wellness in a health or wellbeing setting, and communicate with others to support a person's wellness in a health or wellbeing setting.</p>
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Classification	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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Available grade	Achieved
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Guidance Information

- 1 Legislation and Code relevant to this unit standard include but are not limited to:
 - 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;
 - Human Rights Act 1993;
 - Privacy Act 1993.
- 2 New Zealand Standards relevant to this unit standard:
 - NZS 8134.0:2008 *Health and disability services (general) Standard*;
 - NZS 8134.1:2008 *Health and disability services (core) Standards*;
 - NZS 8158:2012 *Home and community support sector Standard*, available at <https://www.standards.co.nz/>
- 3 Definitions:
 - *Access to communication supports* – includes access to physical, visual, and auditory resources needed to ensure that communication is responsive to the consumer's needs, values, and beliefs. Resources may include interpreter services, disability support groups, signers, and material written in Braille.
 - *Boundaries of own role* includes but is not limited to – delegation and directives of a health professional, limits of own ability and training and ethical responsibilities.
 - *Culture* is the totality of socially transmitted beliefs, values, customs, behaviour patterns and/or practices, together with all other products of human work and

thought that are common to – or characteristic of – a particular group or community. The concept of culture may reflect factors and indicators such as: age, disability, gender, ethnicity, group affiliation, occupation, organisational background, immigrant or refugee status, institutional care, religion or spiritual beliefs, sexual orientation, socio-economic status and cultures within Māori, Pākehā, Pasifika, Asian groupings; including identification with a culture through birth, adoption, or genealogy or whakapapa.

- *Health or wellbeing setting* includes but is not limited to – the aged care, acute care, community support, disability, mental health, and social services sectors.
- *Natural supports* – any assistance, relationships, or interactions provided to a consumer by family/whānau, friends, peers, co-workers, or community volunteers. In a specifically Māori context, natural supports may include but are not limited to: kaumātua, kuia, tohunga, whānau, iwi, and hapū.
- *Organisational policies and procedures* – 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.
- *Person* – a person accessing services. Other terms used for ‘person’ may include client, consumer, customer, patient, individual, resident, tūroro or tangata whai ora.
- *Support* should aim to maintain, improve, or restore a person’s independence and/or interdependence by utilising the person’s existing strengths and appropriate resources; but may include providing assistance to enable a person’s health and wellbeing needs to be met.

4 Evidence for the practical components of this unit standard must be gathered in the workplace.

5 Assessment note:

For the practical components of this unit standard, assessment should consider communication as a continuous activity conducted over time rather than as a single event.

Competency is achieved when the assessor is confident that the candidate consistently communicates to the standard required.

Outcomes and performance criteria

Outcome 1

Describe challenges to effective communication in a health or wellbeing setting.

Performance criteria

1.1 Challenges are described in terms of how they prevent effective communication.

Range	may include but is not limited to – sensory impairments, speech/language impairments, lack of health literacy, jargon, dementia, cultural practices, language;
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evidence is required for two challenges.

Outcome 2

Describe the process for accessing communication supports in a health or wellbeing setting.

Performance criteria

- 2.1 Process for accessing communication supports is described in terms of organisational policies and procedures.

Outcome 3

Communicate with a person to support their wellness in a health or wellbeing setting.

Performance criteria

- 3.1 Communication is initiated and maintained in accordance with the preferences of the person being supported.

Range communication may include but is not limited to – introducing self, addressing a person by preferred name in a respectful manner, selecting an environment conducive to effective communication, use of respectful body language and positioning, supportive use of questioning, responding to a person's questions, use of plain language, use of non-verbal responses, providing and/or recording oral and written information; evidence is required for two preferences.

- 3.2 Communication addresses any identified challenges to effective communication in accordance with the boundaries of own role.

Outcome 4

Communicate with others to support a person's wellness in a health or wellbeing setting.

Range communication with others includes but is not limited to – colleagues and family/whānau and/or support networks.

Performance criteria

- 4.1 Information communicated about a person to others is in accordance with relevant privacy, confidentiality, and reporting requirements.

- 4.2 Information communicated by others is checked for comprehension, interpretation, and clarity of intent.

Replacement information	This unit standard replaced unit standard 26975.
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Planned review date	31 December 2025
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	16 April 2015	31 December 2021
Rollover and Revision	2	24 October 2019	31 December 2021
Review	3	MM 2020	

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>

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.