

Title	Contribute to therapeutic programmes and/or groups in a health or wellbeing setting		
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 therapeutic programmes and therapeutic groups; and contribute to therapeutic programmes and/or therapeutic groups, in a health or wellbeing setting.</p>
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Classification	Health, Disability, and Aged Support > Allied Health Assistance
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Available grade	Achieved
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Guidance Information

- 1 Legislation and codes relevant to this unit standard includes 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 include but are not limited to: 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*; NZS 8134.3:2008 *Health and disability services Standards – Health and disability services (infection prevention and control) Standards*; NZS 8158:2012 *Home and community support sector Standard*; available at <http://www.standards.co.nz/>.
- 3 Candidates' practice must reflect appropriate values, processes, and protocols in relation to working with Māori and Pacific peoples and/or people from other cultures, in a range of settings and environments.
- 4 In the context of this unit standard, *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 client's health and wellbeing needs to be met.

5 Definitions

Contribute/contribution – the level of agreed input that the candidate provides into therapeutic programmes and therapeutic groups. This input is given under the broad guidance and assessment of a health professional, and in accordance with the candidate's designated role as established by the organisation's policies and procedures.

Health professional – 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.

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

Organisational policies and procedures – policies, procedures and methodologies of an organisation. They include legislative and regulatory requirements which may apply across a company, a specific site, or a workplace. Requirements are documented in the company's health and safety plans, contract work programmes, quality assurance programmes, policies and procedural documents.

Person – a person accessing services. Other terms used for the person may include client, consumer, customer, patient, individual, resident, service user, tūroro or tangata whai ora.

Person's goals – the aims and objectives specified in each person's personal plan.

Personal plan – a generic term that covers the individual or group plans (which may also be referred to by other names) that are developed with people receiving support (and may include their family/whānau as appropriate).

Risk – the likelihood of an adverse event or outcome occurring, which in the context of this unit standard may include, but is not limited to: injury, strain, loss of initiative/motivation, disengagement, emotional responses (fear, tenseness, lack of confidence, over-confidence etc.), equipment malfunction.

Therapeutic programmes – structured interventions that have a specific curative, corrective, remedial, or restorative focus in the treatment of a disability, injury, or condition. In the context of this unit standard therapeutic programmes include but are not limited to: occupational therapy programmes; physiotherapy programmes; and speech language therapy programmes.

Therapeutic groups – situations in which a number of people who would benefit from the same therapeutic programme do not access this programme as separate individuals (ie by themselves), but participate in the programme as combined members of a group.

6 References

Early, M. B. (Ed.), *Physical dysfunction practice skills for the occupational therapy assistant*. (3rd ed.). (St. Louis, Mo.: Mosby Elsevier, 2013).

Moore, S. M., & Pearson, L. D, *Competencies and strategies for speech-language pathology assistants*. (Clifton Park, N.Y.: Thomson/Delmar Learning, c2003).

Occupational Therapy Board of NZ. (2012).

Guideline for Delegation to Occupational Therapy Assistants. (Wellington:

Occupational Therapy Board of New Zealand, 2012), available at

<https://www.otboard.org.nz/documents/resources-safe-practice>.

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

Outcomes and performance criteria

Outcome 1

Describe therapeutic programmes carried out in a health or wellbeing setting.

Range evidence is required for two therapeutic programmes related to own work role.

Performance criteria

1.1 The purpose and application of therapeutic programmes are described in terms of the references.

1.2 The contribution of therapeutic programmes towards meeting a person's goals is described in terms of the personal plan.

Range evidence is required for two people participating in different therapeutic programmes.

1.3 Precautions that can be taken to reduce risks for people from therapeutic programmes are described in accordance with organisational policies and procedures.

Range evidence is required for one precaution for each of two risks.

Outcome 2

Describe therapeutic groups used in a health or wellbeing setting.

Range evidence is required for two therapeutic groups.

Performance criteria

2.1 The purpose and application of therapeutic groups are described in terms of the references.

2.2 The contribution of a therapeutic group towards meeting a person's goals is described in accordance with the personal plan.

Range evidence is required for two people.

2.3 Precautions that can be taken to reduce risks for people from a therapeutic group in meeting their goals and meeting the purpose of the group are described in terms of organisational policies and procedures.

Range evidence is required for one precaution for –
two risks related to a person's goals;
two risks related to the purpose of the group.

Outcome 3

Contribute to therapeutic programmes and/or therapeutic groups in a health or wellbeing setting.

Range evidence is required for two therapeutic programmes and/or therapeutic groups.

Performance criteria

- 3.1 Contributions to individual therapeutic programmes and/or therapeutic groups are made in accordance with organisational policies and procedures.
- 3.2 Precautions to reduce risks to meeting a person's goals or to meeting the purpose of the group are taken in accordance with the directives of a delegating health professional(s) and organisational policies and procedures.

Planned review date	31 December 2021
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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	31 December 2012
Revision	2	19 April 2012	31 December 2017
Review	3	16 April 2015	N/A
Rollover and Revision	4	26 September 2019	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://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.