Health and Wellbeing Core Skill Standards guidance notes

Version 1 – 9 Dec 2025

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HEALTH AND WELLBEING CORE SKILL STANDARD GUIDANCE NOTES

This document is aimed at providers who intend to use Core Skill Standards to align with graduate profile outcomes of the various New Zealand Certificates in Health and Wellbeing. Its purpose is to share useful information and content about skill standards noted during the 2025 development process.

We have developed 40 credits worth of core skill standards at each of the Levels 2 and 3 and 60 credits worth of core skills at Level 4. The remainder of the balance of credits for each qualification will be made up of role specific skill standards.

The 10 or 15 credit skill standards have been designed to focus on:

- Understanding self and role.
- Understanding a person being supported and their needs.
- Culturally appropriate/responsive support and communication.
- Safe working practices.

The standards have been designed with industry to be transferable across different roles and settings. They build on one another with increasing complexity across the levels.

About skill standards

- Skill standards will replace unit standards over time - and - at the qualification developer's discretion - can be listed as mandatory for assessment in programmes of study leading to qualifications.
- They provide assessment 'building blocks' for programmes of study leading to qualifications and micro-credentials and help support consistent graduate outcomes.
- Designed holistically, and less prescriptive in their approach in comparison to unit standards, skill standards focus on transferable competencies that integrate knowledge and skills.
- Skill standards often have more credits than unit standards.

- Skill standards identify what a person will be able to do and define competencies rather than specific tasks.
- Skill standards are written for assessors and programme developers – not learners.
- Skill standards specify assessment conditions, but not delivery methods.

Qualifications

The skill standards have been developed to align with graduate profile outcomes in following Level 2 – 4 qualifications:

- New Zealand Certificate in Health and Wellbeing (Level 2) [Ref: 2469]

- New Zealand Certificate in Health and Wellbeing (Level 3) with strands in Healthcare Assistance; Newborn Hearing Screening; Orderly Services; Support Work; Vision Hearing Screening [Ref: 2470]

- New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4) [Ref: 2989]

- New Zealand Certificate in Health and Wellbeing (Primary Care Practice Assistance) (Level 4) [Ref: 2990]

- New Zealand Certificate in Health and Wellbeing (Rehabilitation Support) (Level 4) [Ref: 2991]

- New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) with strands in Community Health Work; Disability Support; Diversional Therapy; Mental Health and Addiction Support; and Whānau, Community and Social Services [Ref: 2992]

- New Zealand Certificate in Health and Wellbeing (Advanced Care and Support) (Level 4) [Ref: 4108]

- New Zealand Certificate in Disability Support (Level 3) [Ref:xxxx]

Current roles using these qualifications

There are a wide variety of roles across the health and wellbeing sector that currently utilise the different health and wellbeing qualifications. These roles come with diverse job titles and responsibilities and are found in many health and wellbeing settings. These include, but are not limited to:

- Hospitals
- Community services
- Primary health care
- Residential care facilities
- Within a person's own home

Given this diversity, it is important that programmes of study are carefully contextualised to reflect the specific roles, environments, and needs of the people and communities being supported. The sector does not always share common use of terminology, and there are differing values and approaches to delivering care and support. Therefore, it is essential that programmes of study are designed to align with the distinct ways of working within individual parts of the sector. It is also important to recognise that entry points for different roles vary, so programmes should accommodate this variation and minimise duplication for learners who may progress through multiple qualification levels

Role descriptions	
Home and Community Support Work roles	Provide quality, compassionate, and strength-based assistance alongside people in their own homes, and also provide personal, social, health and household support so people can maximise their independence and live the life they wish to live.
Health Care Assistant (HCA) roles	Develop respectful and supportive relationships with patients/clients/residents and their whānau, deliver individualised care plans, maintain a safe environment, and encourage independence. Working under the delegation and direction of a Registered Nurse and alongside other registered healthcare professionals, HCAs provide care and support as needed. These roles span a variety of settings, including aged residential care, hospitals, primary health care, and other community-based environments.
Disability Support roles	Provide support to enable good lives, including supporting people to lead meaningful lives and achieve their personal goals; to be safe, make informed choices, learn new skills, maintain and increase independence, stay healthy and well, and connect with community and family.
Allied Health Assistant roles	Work alongside allied health professionals to support people in achieving their rehabilitation and health goals. This includes implementing therapy programmes, providing support for using

	equipment, and helping individuals regain or improve function and independence.
Mental Health and Addiction Support Worker roles	Support individuals experiencing mental health challenges or addiction by promoting recovery, wellbeing, and community connection. This includes working alongside people to develop and follow recovery plans, access resources, manage daily living activities, and build resilience and hope.
Peer Support Worker roles	Use lived experience primarily of of mental health and/or addiction challenges (although are also utilised in other sectors, such as disability or people with significant health conditions) to support others on their wellbeing and recovery journey. Peer Support Workers build empathetic, trusting relationships to walk alongside others, providing hope, advocacy, and practical support in a way that promotes self-determination and empowerment.
Orderly roles	Ensure the safe and efficient movement of people, equipment, and supplies within health care facilities. Orderlies support the smooth operation of services by contributing to a clean, safe, and well-organised environment that supports the wellbeing and dignity of patients and staff.
Diversional and Recreational Therapist roles	Plan and deliver therapeutic recreation and leisure activities that enhance wellbeing, engagement, and quality of life. This role focuses on supporting emotional, cognitive, physical, and social functioning through creative and meaningful activities tailored to individual needs and preferences.
Community Health Worker roles	Work within communities to promote health and wellbeing, connect people with services, and support access to care. Community Health Workers often work with underserved populations to address barriers, provide health education, and advocate for individuals and whānau to achieve better health outcomes.
Whānau, Community and Social Services Worker roles	Support individuals and whānau to navigate life challenges by connecting them with resources, services, and support networks. This includes advocacy, crisis support, goal setting, and building strong relationships to empower individuals and communities towards wellbeing and resilience.
Rehabilitation Assistant roles	Support people undergoing rehabilitation to regain or improve function and independence after injury, illness, or surgery. This includes assisting with therapeutic exercises, mobility, activities of

daily living, and encouraging motivation and participation in recovery plans.

LEVEL 2

Responsibilities of own role

Responsibilities

Programmes should support learners to develop a foundational understanding of their role in a health and wellbeing setting. It's important that learning resources avoid referring to specific job titles, as these vary between workplaces. Instead, refer broadly to "a role in a health and wellbeing setting."

In this standard a learner should begin to recognise:

- What their role involves.
- How their work contributes to the wellbeing of others.
- Where their role sits within the wider team or service.

Language can vary widely across health and wellbeing sectors. Programmes should:

- Introduce common terms relevant to each setting.
- Provide clear definitions to support understanding.
- Consider the needs of learners who may be developing language or literacy skills, including ESOL learners, older people returning to work and people new to work who have limited education and work experience.

When discussing the philosophy, aims, and values of a workplace, avoid complex language such as "model of care," which may not be meaningful at this level. Focus instead on how their workplace operates, what it values, and how this influences the way support is provided. Encourage learners to reflect on how these workplace values align with their own beliefs and actions.

Self-awareness should be a key focus. Learners should explore how their own beliefs, values, cultural background, and personality contribute to how they relate to others and perform in their role. This self-awareness lays the foundation for developing empathy, professionalism, and cultural responsiveness.

The Code of Health and Disability Consumers' Rights[1] should be introduced clearly, simply and in practical terms. At this level, learners should be able to describe how these rights apply to their day-to-day work (particularly in relation to respect, dignity, privacy and informed choice) using familiar real-life examples. Programmes should encourage learners to use workplace language and link the rights to typical role tasks such as maintaining confidentiality, involving people in decision-making, and supporting choice.

Continuous learning and reflection should be introduced as a normal and expected part of working in the sector. Learners should be encouraged to:

- Reflect on what they are learning in their role.
- Recognise what went well.
- Identify areas for improvement.
- Ask for help, support, or training when needed.

Relationships and role boundaries

Professional boundaries must be clearly defined, including the difference between personal and professional relationships. This includes understanding role limitations, what is safe and appropriate in the context of the role, and how to maintain respectful, person-centred interactions. Programmes could use simple, realistic boundary scenarios (e.g. being offered a gift, being asked to share a personal number) to help learners identify appropriate actions.

Programmes should help learners understand the importance of teamwork. Learners should be able to describe who else is involved in supporting a person and how their role connects to others. They should also know when to ask for help and how to refer concerns appropriately.

Personal wellbeing

Supporting others requires learners to be mindful of their own wellbeing. At Level 2, learners should be introduced to the concept of holistic wellbeing — understanding how their own physical, mental, emotional, social, and spiritual wellbeing can affect their work. Programmes should provide ways and examples for managing stress, recognising signs of burnout, and knowing what support is available within a workplace (e.g. breaks, employee assistance programmes). Learners should be encouraged to develop basic self-care plans – taking small, proactive steps to protect their own wellbeing.

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[1] Health and Disability Commissioner. (1996). Code of Health and Disability Services Consumers' Rights Regulations 1996 (the Code of Rights). **https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/**

Technology use

Technology use is becoming increasingly important. At this level, learners should understand the technologies they may encounter in their role — such as mobile devices, communication tools, digital health records, and apps for recording information or as health tools.

The focus should be on safe, respectful, and appropriate use, including privacy, consent, and avoiding inappropriate use (e.g. personal messaging to clients, posting work content on social media). Programmes should explain that consent applies to digital information as much as it does physical care. The difference between personal and professional boundaries in technology use should be reinforced.

Learners should be encouraged to identify the benefits of technology (e.g. better communication, efficiency) but also the common risks associated with technology (e.g. breaches of privacy, miscommunication), and ways to keep themselves and others safe (e.g. locking devices, checking before sharing).

Role specific feedback

For some specific roles, there are additional considerations:

- For *Allied Health Assistants*, it is important to reference working under delegation, monitoring, and supervision. Programmes should support learners to understand what tasks they are allowed to carry out, how instructions are given, and when to seek clarification.
- For *Orderlies* and similar support roles, highlight the importance of following standard operating procedures and adhering to consistent, safe practice.

Person-centred support needs

Person-centred support and holistic needs

Programmes should place consistent emphasis on understanding the needs of the person rather than focusing solely on their care or support. A person-centred approach starts with recognising the individual as a whole – including their physical, emotional, social, spiritual, and cultural needs – and not just responding to a diagnosis or disability.

At this level, learners should be introduced to the key principles and values that underpin person-centred support: respect, dignity, individuality, choice, participation, and partnership. They should be able to identify what these values look like in action – such as involving a

person in making decisions about their daily routine, listening to their preferences, encouraging meaningful participation in decisions and respecting their cultural background.

Understanding a person's holistic needs is central to providing meaningful support. These needs may be:

- Physical (e.g. mobility, hygiene, nutrition, executive function, memory).
- Emotional (e.g. anxiety, trauma, self-worth, emotional regulation).
- Social (e.g. connection, loneliness, belonging).
- Spiritual (e.g. beliefs, values, meaning).
- Cultural (e.g. language, customs, identity).
- Environmental (e.g. furniture, location, views, temperature, sensory processing)

Learners should be encouraged to consider how different areas of wellbeing are connected – for example, how loneliness (social need) might affect a person's emotional health, or how pain (physical need) might impact their ability to participate in community activities.

The environment should be discussed as a key enabler of good support. A safe, welcoming, accessible, and culturally inclusive environment contributes to a person's sense of safety and wellbeing. Programmes should help learners identify how physical space, routines, and relationships can all support or undermine holistic wellbeing. This includes recognising and adapting to individual neurotypes — for example, by minimising sensory overwhelm, offering quiet spaces, using visual supports, or allowing flexible routines. By tailoring environments to the way a person's brain processes information, we can reduce stress and promote genuine inclusion.

Risk, abuse, neglect, and violence

When it comes to risk, abuse, neglect, and violence, learners need to know how to identify signs and indicators, understand the risk factors, and be clear about their responsibility to report concerns — not to investigate or intervene beyond their role.

Programmes should cover:

- Risk factors (e.g. isolation, dependency, mental distress, past trauma, neurodevelopmental profile).
- Common signs and indicators of abuse, neglect or violence (e.g. unexplained bruises, withdrawal, fearfulness, changes in behaviour or appearance).
- Understanding their role – to listen without judgement, believe disclosures, hold space safely, maintain confidentiality (within limits), and reporting concerns.

Learners should be familiar with workplace policies and procedures for reporting and responding to concerns, including how to escalate concerns appropriately while remaining within the boundaries of their role.

At this level, learners should also be introduced to safe and objective documentation practices — writing clear, objective, and accurate notes about what they have seen or heard (not assumptions) — and understand that these records are important to the person's continuity of care, safety, and legal protection.

Use of person-centred plans

There are a range of different names for plans that are used across health and wellbeing sector roles (e.g. support plans, care plans, therapy plans, treatment plans). Plans should be introduced as practical tools that communicate what matters to the person, their goals, needs, preferences, how they want to be supported, and any specific instructions or safety measures.

At Level 2, learners should understand how to use a plan — not create one — and how it guides their day-to-day role. They should be aware that plans are living documents that are flexible and change as the person's needs change.

Learners should understand their role in:

- Referring to the plan to guide tasks.
- Following instructions or guidance in the plan.
- Reporting any changes that may affect the plan.

Learners should also understand how using plans correctly helps maintain consistency, safety, and respect for the person's rights and choices.

At Level 2, learners should be able to recognise changes in a person's condition, mood, or behaviour and understand the importance of reporting and documenting those changes following workplace policies and procedures. These changes might include:

- Physical (e.g. new pain, skin breakdown, fatigue, unsteady).
- Functional (e.g. change in mobility or ability to complete daily tasks).
- Emotional or social (e.g. withdrawal, tearfulness, distress or increased anxiety).
- Cognitive (e.g. forgetful, confused, absent).

Programmes should emphasise:

- The importance of noticing small changes.
- How to report concerns in line with workplace procedures.

- Using appropriate tools (e.g. handover sheets, communication books, digital systems).
- Escalating concerns to the appropriate person (e.g. supervisor or nurse) without delay.

Learners should understand that timely, accurate reporting protects the person's health and wellbeing, and ensures they receive the right support.

Culturally appropriate support and communication

Support for tangata whenua

Programmes must give prominence to Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

At this level, learners should be introduced to Te Tiriti o Waitangi and begin to understand that it created a partnership that continues to influence services and relationships today.

Key messages for learners:

- Te Tiriti o Waitangi is a living and guiding document in health and wellbeing.
- Aotearoa is a bicultural country, with Māori as tangata whenua.
- Pākehā and others are tauiwi (non-Māori).
- Bicultural partnership means valuing both Māori and non-Māori worldviews, practices, and ways of being.

Learners should reflect on how Te Tiriti o Waitangi applies to:

- Their workplace.
- Their own role and behaviour.
- How they provide culturally respectful and inclusive support to tangata whenua.

At Level 2, learners should begin to recognise culturally appropriate practices such as:

- Using basic te reo Māori greetings.
- Pronouncing names correctly.
- Including whānau in support when appropriate.
- Respecting tikanga (customs), e.g. understanding tapu and noa.
- Understanding wellbeing as holistic, including wairua (spiritual), hinengaro (psychological), and tinana (physical) aspects.

Programmes should emphasise that tikanga, language and pronunciation can vary between iwi and rohe, and that learners should be encouraged to respectfully ask about preferences.

Impact of culture on support

Culturally appropriate support practices should be introduced in practical, easy-to-understand ways. Even at this level, it is important to challenge the idea that culture is only about ethnicity. Programmes should define culture broadly — including age, gender identity, sexual orientation, religion, socio-economic background, disability, neurodiversity and other lived experiences.

Learners should understand:

- Each person's connection to culture is different.
- People's values, beliefs, and preferences influence how they make decisions and how they want to be supported.
- Respecting someone's culture builds trust and improves wellbeing.

Learners should be expected to identify a range of different cultural values and beliefs both with people they are supporting and people they are working alongside. They should have a basic understanding of how this may influence work practices and interactions.

Programmes should introduce the concepts of:

- Bias: assumptions or judgements that can affect how we treat others.
- Unconscious bias: learned beliefs we may not be aware of.
- Discrimination: unfair treatment based on culture or identity.

Learners should reflect on:

- How their own experiences may shape how they see others.
- How to be more aware, inclusive, and non-judgemental in their practice.

Equity and inclusion should be introduced clearly:

- Equality means treating everyone the same.
- Equity means giving people the support they need to have the same opportunity for wellbeing, rather than treating everyone the same.
- Inclusive practice means recognising and responding to each person's unique needs.

Communication strengths and challenges

Effective communication is an essential part of providing support. At Level 2, learners should begin to understand that communication is not the same for everyone and people may speak, listen, and express themselves differently depending on their cultural background, language, neurodiversity or personal experience. Examples of variations a should be provided to help learners recognise and adapt their approach respectfully. Communication is more than just spoken words. It includes tone of voice, pace, body language, eye contact, personal space, facial expressions, and the way someone listens or responds in a conversation. These elements can vary across cultures. For example, in some cultures, making eye contact is seen as respectful, while in others it may be considered rude or challenging. In some cultures, people may speak directly and openly, while others may use a more gentle or indirect approach. When working with a neurodiverse person for instance it is important to use simple language, visual aids and repeated checks for understanding.

Learners should begin to recognise that their own communication style and how this may be influenced by their upbringing, language, or culture. It is important for learners to reflect on how their way of speaking, listening, or interacting might be received by others, especially by people from different cultural backgrounds. Programmes should encourage learners to be curious and respectful, and to adapt their communication style when needed. This helps to build trust, reduce misunderstandings, and support a person's sense of safety and belonging.

When working with people from different cultures or backgrounds, learners should be aware that communication challenges may arise. These can include:

- Language differences or unfamiliar words or jargon.
- Cultural misunderstandings or fear of being judged.
- Past experiences or trauma that may make it difficult for someone to feel safe speaking up.
- Brain-based differences, such as literal interpretation of language, difficulties with social cues or conversation flow (social pragmatics), and sensory processing differences that may affect how someone listens or responds

It's important that learners do not view these differences as deficits, but as part of the diverse ways people experience and engage in communication.

Learners should understand that these barriers can affect how people engage with services or feel about receiving support. To respond respectfully to these challenges, learners should be introduced to basic communication strategies such as:

- Using plain and inclusive language.
- Speaking clearly and at an appropriate pace.

- Using visual supports, gestures, or translation tools when needed.
- Checking for understanding without making the person feel judged or rushed.
- Observing and respecting non-verbal cues such as body language or silence.

All communication should be grounded in empathy, dignity, and active listening. Learners should begin to notice how their tone, body language, and presence affect the person they are supporting. Creating a calm, respectful environment can make a big difference in how someone feels — especially if they are navigating a new culture or system.

Safe working practices

Health and safety practice

At level 2, learners begin developing essential knowledge of health and safety expectations in a health and wellbeing workplace. Programmes should ensure learners understand that workplace safety is everyone's responsibility and includes physical, emotional, and environmental safety.

Safety should be viewed from three interconnected perspectives:

- Self – keeping themselves safe and well in their role.
- Others – ensuring the safety of people they support, their families/whānau/natural supports, and colleagues.
- The workplace – following policies and procedures that protect people, information, and property.

Safety also includes respecting privacy, maintaining professional boundaries, and escalating concerns appropriately.

Programmes should introduce the Health and Safety at Work Act 2015[2], emphasising its purpose: to prevent harm by promoting proactive safety practices across all workplaces. Learners should understand that this legislation:

- Places duties on all workers to contribute to a safe workplace.
- Encourages hazard identification and management.

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[2] Health and Safety at Work Act 2015. (2015). Public Act 70. New Zealand Legislation. **https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html**

- Requires active participation in keeping themselves and others safe.

Learners should be supported to:

- Identify common workplace hazards and risks.
- Understand the difference between a hazard (potential source of harm) and a risk (likelihood of harm occurring).
- Follow procedures to report hazards, incidents, accidents, near misses, and unsafe conditions.

Programmes should ensure learners can identify where to find and how to follow policies and procedures relating to safe working practices that include but are not limited to:

- Accident and incident reporting.
- Infection prevention and control.
- Medication handling (within role boundaries).
- Health and safety requirements.
- Safe moving practices.
- Responding to emergencies.

Programmes should clearly define the limits of a level 2 role, ensuring learners understand what they can and cannot do, and when to escalate concerns to a supervisor or senior staff member.

When discussing infection prevention, learners should know that their actions help protect the people they support and themselves. This includes correct hand hygiene, use of PPE, and understanding how and when to follow infection control procedures.

While not all roles will have direct involvement with medication, it is important that learners understand that there are boundaries around medication administration, and that anyone handling medication must be trained and authorised. They should also be aware of their own workplaces policies and procedures relating to medication.

The principles of safe moving should also be introduced clearly — learners should never move people or objects in ways that place themselves or others at risk. Their role is to follow safe practices and use equipment appropriately, in line with workplace training and instructions.

Duty of care

At level 2, learners are building essential knowledge and behaviours that support safe, respectful, and reliable practice. A key focus is understanding the concept of duty of care — which means being reliable, alert to risk, taking reasonable steps to prevent harm and always

putting the person at the centre of everything they do. They should understand why it is important - it is about keeping people safe while still respecting their rights and choices. Learners should begin to see duty of care not as a set of rules, but as a way of working that upholds wellbeing, dignity, and trust and guides decisions and actions. They should recognise what duty of care looks like in their own role and recognise the consequences of not upholding it.

Duty of care spans both health and safety and clinical contexts. It is about keeping people safe by following safe practices (e.g. by following workplace policies and procedures).

Learners should explore how duty of care is reflected in everyday tasks, including:

- Following workplace policies and procedures.
- Observing and responding to risks.
- Maintaining confidentiality and boundaries.
- Taking action when someone may be at risk of harm.

Programmes must clearly explain that upholding duty of care includes reporting accidents, incidents, errors and near misses.

Learners should be introduced to the correct procedures and reporting lines within their workplace. They should understand the importance of accurate reporting to prevent future harm and ensure accountability.

Expressions of unmet needs or distress

When introducing this topic programmes should be careful with terminology. While terms like "challenging behaviour" or "behaviours of concern" are still in use in some settings, we acknowledge they can carry deficit-based meanings which the sector is moving away from. Programmes should promote strengths-based language wherever possible, while still acknowledging and using the language that learners may encounter in industry.

More inclusive alternatives could include:

- Changed behaviour
- Signs of distress or discomfort
- Distressed communication or behaviour
- Communication of unmet needs

Examples that should be covered in programmes include: property damage, physical aggression, self-harming, verbal aggression, repetitive questioning, socially inappropriate

behaviours, being uncooperative, refusing care or support, withdrawal. Learners should be encouraged to recognise potential triggers for these behaviours (e.g. pain, confusion, fear, unmet needs).

At level 2 learners should be able to understand that expressions of unmet needs or distress often follow a pattern or cycle, referred to as the escalation cycle. This means that signs may build over time moving from small signs (like agitation or restlessness) to more serious behaviours (like aggression or self-harm) if needs are not recognised or met. It is important that learners can recognise signs and understand how to respond safely and respectfully.

Learners should be encourage to respond with compassion and professionalism, using the following principles:

- Staying calm and supportive.
- Giving space if needed.
- Using clear, respectful communication.
- Prioritising safety (for everyone).
- Following workplace policies and procedures.
- Seeking support and reporting appropriately.

Responses should be within the learner's role boundaries, and always in line with workplace expectations. Programmes should reinforce that learners are not responsible for fixing or diagnosing, but for recognising, responding appropriately, and escalating/seeking help where needed.

Learners must understand how to:

- Document and report behaviours of concern accurately.
- Escalate situations to a supervisor or senior staff member.
- Follow relevant policies and procedures.

LEVEL 3

Professional and ethical behaviour

Professional and ethical behaviour

At Level 3, learners are expected to move beyond basic understanding and begin applying ethical, reflective, and professional practices in a health and wellbeing setting. Programmes should build on Level 2 knowledge, encouraging deeper consideration of how individual behaviour, role expectations, and team dynamics impact the quality of support.

Learners should have a clear understanding of their workplaces philosophy, aims, and values and be able demonstrate what this looks like in practice. Programmes should link workplace philosophies (e.g. person-centred, trauma-informed, strengths-based) to the learner's role and day-to-day actions.

Programmes must support learners to identify and apply relevant codes in their workplace. While the Code of Health and Disability Services Consumers' Rights (Code of Rights)[3] is a critical minimum standard, other relevant codes should also be acknowledged, including but not limited to:

- Workplace codes of conduct.
- Privacy principles.
- Health and safety responsibilities.
- Professional or sector-specific guidelines.

These codes reinforce expectations for ethical, respectful, and rights-based practice. Learners should be able to explain how these codes apply to their role and guide daily decision-making.

A strong emphasis should be placed on teamwork and understanding that health and wellbeing services rely on shared responsibility. Learners should be supported to recognise their contribution to team effectiveness, such as through clear communication, collaboration, accountability, and mutual support.

Programmes should introduce common ethical challenges, such as confidentiality, respecting autonomy, and responding to unsafe choices. Learners should explore how their own culture,

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[3] Health and Disability Commissioner. (1996). Code of Health and Disability Services Consumers' Rights Regulations 1996 (the Code of Rights). **https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/**

attitudes, values, and potential bias can shape their actions — both positively and negatively — and reflect on strategies to reduce the impact of bias in practice.

Learners must understand the boundaries of their role — what they are responsible for, what is outside their role, and when to seek support. This includes maintaining professional relationships, following workplace policies and procedures, and understanding that personal beliefs and values should not influence or override the rights and choices of the person being supported.

Self-reflection on professional practice and relationships

Programmes should support learners to reflect on their own behaviour and practice in a meaningful but accessible way. Reflection should be introduced as a simple, practical tool — rather than a formal process — to help learners identify what went well and what could be improved. Learners should be encouraged to consider how their actions affect others and how modifying their behaviour (e.g. adjusting communication or seeking feedback) can enhance the support they provide.

To help learners understand how differences in personal values impact working relationships, programmes should include opportunities to explore and discuss real-life examples. Learners should examine how differing views — such as attitudes toward timekeeping, independence, or communication — can influence team dynamics and service delivery. Emphasis should be placed on recognising and respecting others' values while upholding the rights and preferences of those being supported.

Programmes should also guide learners to identify ways to strengthen professional relationships. This includes developing skills in clear communication, empathy, emotional regulation, and openness to feedback. Learners should have safe and supported opportunities to practise these skills in context.

Programmes should build foundational knowledge of self-reflection as a tool for professional growth, improving relationships, and responding effectively to challenges, including serious or unexpected events. Learners should understand that reflective practice can support wellbeing, help avoid burnout, and lead to better outcomes for people and whānau.

Wellbeing, learning and development

At Level 3, programmes should support learners to understand the direct link between their own wellbeing and the quality of their working relationships. Learners should be encouraged to reflect on how stress, fatigue, or poor physical or mental health can impact their ability to communicate effectively, show empathy, and respond with patience. Programmes should

promote strategies that help learners take ownership of their wellbeing, recognising that this is essential to providing consistent, person-centred support.

Learners should explore available workplace resources and supports that promote staff wellbeing — such as Employee Assistance Programmes (EAP), supervision, or wellbeing initiatives — and consider how these can be accessed and used in practice. Programmes should also guide learners to identify personal strategies for maintaining holistic wellness, including work–life balance, nutrition, rest, and emotional self-care.

Continuous learning should be framed as a core aspect of quality practice. Learners should understand how staying current with workplace developments, participating in training, and being open to feedback and new ideas enhances their ability to provide safe, responsive, and effective support. Programmes should encourage learners to take initiative in their own learning journey and view professional development as ongoing, not a one-off.

Safe and ethical use of technology

Programmes should prepare learners to apply the ethical and safe use of technology in their day-to-day practice. Learners should understand their responsibilities when using digital tools and systems, including maintaining confidentiality, protecting personal data, and following workplace protocols for secure access and storage. Programmes should emphasise that ethical use includes respecting the rights and dignity of the person being supported.

Learners should be supported to identify and explain risks associated with technology use, such as breaches of privacy, inappropriate sharing of information, reliance on unapproved apps or personal devices, or the exclusion of individuals with limited digital literacy. Programmes should explore how these risks can be mitigated through responsible practice, such as using only approved systems, following organisational policies, and maintaining professional boundaries in digital communication.

Programmes should also highlight how technology can enhance service delivery when used appropriately. Learners should be able to illustrate how technology supports positive outcomes by enabling communication (e.g. video calls, AAC devices), promoting independence (e.g. mobility aids, reminders), improving documentation and handovers, and enhancing timely access to care. Learners should reflect on how these tools can be integrated into their role while maintaining a person-centred approach.

Person-centred approach to support

Applying a person-centred approach to support

At Level 3, learners are expected to apply a person-centred approach to support by recognising and responding to individual needs, preferences, and relationships in a way that upholds wellbeing, dignity, and choice. Programmes should build on the foundational understanding of person-centred care introduced at Level 2, and support learners to apply these concepts confidently in their own practice.

Learners must be supported to understand that person-centred values are not just about being kind — they are about actively promoting a person's autonomy, preferences, and identity in every aspect of care. Programmes should explore how these values contribute to overall wellbeing and give meaning and control to the person's life.

Holistic needs should be understood in a broad context, including physical, emotional, spiritual, cultural, social, and cognitive dimensions. Programmes should help learners recognise that these needs interact and evolve over time, and that effective support must consider the whole person, not just a condition or task.

Programmes must strengthen learners' understanding of supported decision making, identified as a priority area for improvement across the sector. Learners should know that every person has the right to be involved in decisions about their own support, and that the role of a support worker is to enable decision-making, not replace it.

Informed consent as a concept should also be introduced. While we want learners to understand these concepts application may not be core to all roles. Where it is core, it is important that the learner understands the limits of what is appropriate for their role.

Key aspects include:

- Ensuring someone has all the relevant information.
- Information is easily understandable, using plain language.
- Providing time and space for decisions.
- Involving trusted people (family/whānau or natural supports).
- Respecting the person's right to make choices others may not agree with.

Learners should explore how to involve family, whānau, and other supports appropriately, recognising that natural supports can strengthen wellbeing but must be involved with the person's consent and preferences in mind.

Risk of abuse, neglect, or violence

Programmes must prepare learners to confidently recognise, respond to, and refer concerns about abuse, neglect, and violence, using established workplace procedures. Learners should be introduced to the *Recognise, Respond, Refer* model and guided by the principles of the Family Violence, Sexual Violence and Violence Within Whānau: Entry to Expert Framework (E2E)[4].

Programmes should build learner confidence in recognising both obvious and subtle indicators of harm, including non-physical signs such as isolation, anxiety, withdrawal, or changes in behaviour. Understanding patterns of power and control, including coercion, manipulation, and dependence, is essential in recognising how abuse may affect a person's safety and ability to seek help.

Learners must also develop safe and appropriate response strategies, including responses to urgent and immediate risks, who to contact and where to get help. Ensuring they accurately document concerns whilst maintaining confidentiality, following workplace procedures. Safe responses and support are non-judgemental and respect a person's readiness to engage. By the end of the programme, learners should have practical tools and a foundational understanding of how to recognise patterns, signs and changing risk levels over time, support the person's autonomy, and act within their role to contribute to a safe and responsive environment.

Programmes should include practical guidance on when to get immediate help and how to support a person to access help. Learners should know how to:

- Identify immediate risks to safety and know to call 111.
- Identify other signs, patterns and indicators and know where to go for further help and what to do next.
- Provide information in situations of disclosures in a supportive, non-judgemental way.
- Respect the person's readiness to engage.
- Offer to support the person through the process if appropriate.

Responding to change

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[4] Family Violence Entry to Expert Capability Framework. (2022). Family Violence Entry to Expert Capability Framework. **https://tepunaaonui.govt.nz/assets/Workforce-Frameworks/Family-Violence-Entry-to-Expert-Capability-Framework-May-2022.pdf**

At Level 3, learners must be able to identify, document, and when necessary escalate changes in a person's condition, wellbeing, or functional abilities in a timely and appropriate way following their workplace policies and procedures.

Changes may be positive or negative and include:

- Physical changes (e.g. pain, mobility, appetite, skin changes).
- Emotional or psychological changes (e.g. distress, anxiety, withdrawal).
- Social or relational changes (e.g. isolation, family conflict, social interactions).
- Functional changes (e.g. decreased independence, sleep changes).

Programmes should guide learners in understanding what changes to look for and how to link these observations to adjustments in support. For example, a person experiencing increased anxiety may require altered routines or different communication strategies.

Learners should also:

- Recognise how changes affect care plans or support tasks.
- Understand when and how to escalate concerns.
- Be confident documenting observations clearly, accurately, and using appropriate workplace systems.

Effective response to change ensures people receive timely, appropriate support and contributes to safe, person-centred environments.

Culturally appropriate support and communication

Support for tangata whenua

At Level 3, learners are expected to apply their knowledge of Te Tiriti o Waitangi, Māori values, and bicultural practice to ensure their support is culturally appropriate, respectful and inclusive for tangata whenua. Programmes must centre Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand. Learners should explore the intent and obligations of its articles — Kāwanatanga, Tino Rangatiratanga, and Ōritetanga — and be supported to reflect on how these principles apply in health and wellbeing settings, particularly in their own roles.

Understanding biculturalism as a partnership between Māori and the Crown is essential. Learners should examine how this partnership should be expressed through service delivery,

communication, and decision-making processes. This includes working in ways that actively uphold Māori perspectives and avoid tokenism.

Programmes should introduce key Māori models of wellbeing[5], for example Te Whare Tapa Whā, Te Pae Mahutonga, and Te Wheke and explore how they provide a holistic lens to understand and support hauora. Learners should be able to describe how these frameworks relate to their practice and the needs of tangata whenua.

A working knowledge of kawa (protocols) and tikanga (customary practices) should be fostered, along with Māori values such as manaakitanga, whakawhanaungatanga, and kaitiakitanga. Programmes should support learners to apply these respectfully in everyday contexts, recognising that these may vary between iwi, hapū, and rohe. Learners should be encouraged to ask respectfully about preferences where appropriate.

Programmes must promote the correct use and pronunciation of te reo Māori, particularly for workplace-relevant terms, greetings, and names. Where possible, local iwi, hapū, or Māori cultural advisors should be involved in the development and delivery of content.

Programme providers are encouraged to consult kaumātua when developing their programmes.

Support for other cultures

Learners at Level 3 are expected to examine how different cultural beliefs, values, and practices can affect health outcomes — and how culturally appropriate support contributes to equity, trust, and engagement.

Programmes must make clear the distinction between equality (treating everyone the same) and equity (providing what each person needs to achieve wellbeing). Learners should explore how structural and systemic barriers — including colonisation, racism, and underrepresentation — contribute to disparities in health access and outcomes for different cultural groups.

Cultural identity must be understood in a broad and inclusive way. In addition to ethnicity and language, learners should explore how age, disability, gender identity, sexuality, religion, occupation, and socio-economic background can shape a person's experience of health and support.

Programmes should introduce learners to culturally appropriate and person-centred support by examining workplace examples that demonstrate:

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[5]Ministry of Health. (n.d.). Māori health models. Available at: **https://www.health.govt.nz/maori-health/maori-health-models**

- Inclusive practices that recognise cultural values.
- Support strategies that respond to diverse worldviews.
- The impact of bias and unconscious bias on access and care.
- The harm caused by stereotypes, assumptions, or culturally inappropriate behaviour.

Learners should also explore how to recognise and respond to discrimination, including subtle or systemic forms. Programmes must ensure that learners understand and can explain the correct workplace processes for reporting discrimination, while also acknowledging that barriers to reporting (e.g. fear of repercussions, lack of cultural safety) may exist. Creating psychologically safe workplaces that empower people to speak up should be a key theme.

To strengthen cultural responsiveness, Pacific wellbeing models[6] (such as the Fonofale, Fonua, or Tivaevae models) should be introduced where relevant. These provide learners with additional frameworks for understanding support across cultural communities.

Communication

At Level 3, learners are expected to apply effective communication techniques that respond to a person's cultural identity, preferences, and specific communication needs. Programmes should reinforce that communication is central to culturally safe, person-centred support, and is not just about speaking — but about listening, responding, and creating understanding in a way that builds trust and emotional safety.

Learners should explore how their own communication style may differ from the preferences of others, and reflect on how their words, tone, body language, and timing can influence a person's sense of being respected or excluded. They should begin to recognise when communication is not effective — for example, when a person appears uncomfortable, confused, disengaged, or distressed — and know how to respond in a calm and culturally responsive way.

Programmes should support learners to:

- Apply communication styles that reflect empathy, dignity, and cultural respect — including sensitivity to non-verbal communication and individual preferences..
- Identify when their usual communication approach needs adjusting, based on a person's needs, cultural norms, neurodiversity, or preferred communication methods.

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[6]Ministry for Pacific Peoples. (n.d.). Pacific Wellbeing Strategy: Insights. **https://www.mpp.govt.nz/publications-resources/resources/pacific-wellbeing-strategy-insights/** ; Health Quality & Safety Commission New Zealand. (n.d.). *Pacific models for engagement*. **https://www.hqsc.govt.nz/resources/resource-library/pacific-models-for-engagement/**

- Respond effectively to common communication challenges — including language differences, cognitive impairments, sensory environments that may affect how someone receives or processes information, trauma, or mistrust of services.
- Use communication supports such as interpreters, visual tools, gestures, or plain language where appropriate.
- Clarify understanding, check for consent, and ensure the person feels heard, included and able to express themselves in the way that suits them best.
- Maintain professional boundaries while upholding warmth and relational connection.

As learners develop confidence, they should be introduced to strategies for managing situations where communication becomes difficult or emotionally charged. Programmes should provide guidance on recognising early signs of escalation or distress, and how to de-escalate with cultural sensitivity, professionalism, and care.

Cultural communication preferences — such as the importance of silence, relational introductions, or collective rather than individual responses — should be explored. Where relevant, programmes may draw on Pacific and other culturally specific models (e.g. va or vā — the sacred space between people) to help learners understand how culture shapes not only what is communicated, but *how* and *why*.

By the end of the programme, learners should be able to adapt their communication style thoughtfully and intentionally, provide support in a way that affirms a person's cultural identity, and contribute to inclusive, emotionally safe environments where people feel heard and valued.

Safe working practices

Health, safety and security

At Level 3, learners are expected to demonstrate a deeper understanding of health and safety legislation, responsibilities, and practical application in their workplace. Programmes must support learners to apply this knowledge in a way that promotes the safety of people, staff, property, and information.

Learners must understand how the Health and Safety at Work Act 2015 applies to their role, including:

- Their legal responsibility to contribute to a safe work environment.
- The obligation to follow workplace procedures and participate in safety practices.
- How employers and employees share responsibilities to prevent harm.

Programmes should explore real-life examples of how the Act guides everyday actions and supports both proactive and reactive safety measures.

Learners must:

- Identify hazards in the workplace and understand how to minimise or eliminate them.
- Respond appropriately to accidents, incidents, and near misses by following workplace action and reporting procedures.
- Recognise that risk awareness is ongoing and applies to all aspects of work — not just physical safety, but also emotional and psychological wellbeing.

This outcome builds on Level 2 by requiring more confident and independent recognition and response to risks.

Security practices must be clearly defined, particularly in shared or residential settings. Programmes should ensure learners understand their role in:

- Following site-specific security protocols (e.g. sign-in/out, managing visitors, controlling access points).
- Protecting confidential information in line with organisational policy and privacy laws.
- Contributing to the security and dignity of the people they support, especially during emergencies.

Emergency preparedness (e.g. lockdown, fire, earthquake drills) should be tied to workplace procedures and the learner's role in each type of event.

Learners are expected to apply and monitor safe practices in their daily work. This includes:

- Practising safe moving and handling, use of PPE, infection prevention and control, and following workplace health and safety guidelines.
- Recognising when something is unsafe or outside their scope, and escalating appropriately.
- Modelling and promoting safe working behaviours with peers and those they support.

Duty of care

At Level 3, learners should build a more integrated understanding of duty of care as a legal, ethical, and practical framework guiding their daily decisions and actions.

Programmes should explore how duty of care connects to other legal and ethical responsibilities, such as:

- Privacy and confidentiality (e.g. the Privacy Act).
- Informed consent and respect for autonomy.
- Human rights and person-centred care.
- Open disclosure (also known as duty of candour) — being honest when something goes wrong, with a focus on learning rather than blame.

This promotes ethical awareness and reinforces that duty of care is more than just avoiding harm — it is about acting with integrity and compassion.

Learners must be able to:

- Recognise potential risks to the person, others, and themselves.
- Take action within their role to prevent harm, while promoting wellbeing and independence.
- Understand that duty of care includes observing, reporting, and following risk plans, not making high-level decisions independently.

This should include an introduction to primary and secondary prevention strategies — preventing harm before it occurs, and responding early to signs of distress or risk escalation.

A key development at Level 3 is learners' ability to recognise and navigate tensions between duty of care and a person's rights. Programmes should:

- Introduce the concept of dignity of risk — ensuring learners understand that over-managing risk can unintentionally create harm, reduce autonomy, and create a risk-averse culture.
- Explore examples where a person's decision may conflict with perceived safety.
- Help learners understand their role in situations where a person's decisions may involve risk: to support informed choices, observe and report concerns, and escalate where necessary.

These discussions should reinforce that the goal is to balance safety with self-determination, and upholding the person's right to make choices that matter to them.

Expressions of unmet needs or distress

Learners at Level 3 must be able to recognise early signs of distress and respond confidently and respectfully to behaviours of concern, in ways that support the individual and uphold workplace standards. Language is important. Where possible programmes should use strengths-based and inclusive terminology.

Learners should understand that expressions of unmet needs or distress often follow an escalation cycle — a progression from early warning signs through increasing distress to potential crisis. Recognising this cycle supports timely, appropriate interventions.

Learners should be able to identify internal and external triggers, including:

- Physical discomfort or pain.
- Confusion or fear.
- Environmental factors (noise, crowding).
- Unmet needs (e.g. hunger, boredom, lack of support).

Understanding these factors supports learners in making sense of behaviour in a compassionate, person-centred way.

Learners must apply proactive, preventative and responsive strategies aligned with stages of the escalation cycle, including:

- Primary prevention: Recognising early warning signs and using strategies to prevent distress from escalating.
- Secondary prevention: Using de-escalation techniques when behaviours begin to escalate.
- Practising clear, calm, and respectful communication throughout.
- Giving space and adjusting the environment if needed.
- Following individual behaviour or support plans consistently.
- Knowing their limits and calling for support when behaviours reach higher stages of the escalation cycle.

All responses must be within the learner's role and follow workplace policies and procedures.

Programmes should ensure learners can:

- Accurately document and report incidents using workplace systems.
- Participate in post-incident reflection or debriefs, identifying what went well and what could be improved.
- Recognise the importance of reflective practice for improving responses and supporting the person's wellbeing.

Encouraging reflection also helps learners build resilience and confidence in responding to complex situations and responding to behaviour throughout the escalation cycle.

LEVEL 4

Professional practice

Approaches to support delivery

Workplace approaches to delivering support are wide ranging and we would expect programmes to cover a range of different approaches used across the sector. Approaches may include but are not limited to goal-centred approaches, holistic approaches, needs-based approaches, palliative care models, person-centred approaches, restorative care model, strengths-based model, brain-based approaches, Te Whare Tapa Whā, Te Wheke, and Te Pae Mahutonga, Fonofale Model. Enabling Good Lives, Eden Alternative, etc.

Programmes should cover the principles, values, aims, objectives, operational boundaries, and intended outcomes of each approach. Importantly, learners should reflect on how the approach used in their own workplace impacts their role, including responsibilities, decision-making, and day to day interactions with the people they support and understand how different approaches are applied across contexts (e.g. disability, aged care, mental health and addiction).

Self-reflection to enhance professional practice

Programmes should include information about the benefits and ongoing process of self-reflection and how self-reflection acts as a foundation for professional growth and quality service delivery. Learners should be introduced to commonly used reflective models, including but not limited to:

- Gibbs' Reflective Cycle (1988).
- Johns' Model for Structured Reflection (2017).
- Rolfe et al's Framework for Reflection (2001).

If a workplace has their own reflective model, learners should be encouraged to use this.

Programmes should guide learners how to apply these models to assess and improve their practice, focusing on what worked well, what didn't, and what they would do differently next time. The emphasis should be on reflecting on one's own values, perspectives, behaviour, actions, and decisions, rather than workplace processes.

Programmes should also explore:

- The role of peer and group supervision as valuable tools for shared reflection, learning, and professional support.
- The link between reflection and continuous improvement, behavioural change and accountability.
- Setting improvement goals to support future development and self-directed learning.

Self-care and wellbeing

Programmes should address the importance of self-care and why it is important not only for oneself but how it is essential for delivering high-quality, person-centred support. Learners should explore how their own wellbeing affects their ability to work with empathy, clarity, and resilience. Self-care supports more than personal wellbeing it is also essential for service quality.

Programmes should cover the workplaces responsibilities and what they may offer staff (e.g. wellness benefits, EAP, professional development leave, supervision). They should also cover different strategies an individual may take to ensure their wellbeing (recognising own needs, exercise, healthy eating, keeping hydrated, staying connected, making time for hobbies, journalling).

Learners should be encouraged to:

- Identify and implement personal self-care strategies.
- Evaluate their effectiveness.
- Analyse how their own wellbeing directly impacts the wellbeing of people they support.

Programmes should also address how organisational approaches can promote and maintain staff wellbeing and encourage learners to actively engage with these supports and promote them to their colleagues.

Leadership approaches

Programmes should promote a broad understanding of leadership that includes both formal and informal roles. Leadership is not limited to titles but includes the behaviours and qualities individuals bring to their everyday work.

Key topics should include:

- Personal and peer leadership.
- Leadership qualities and behaviours, such as accountability, initiative, reliability, and integrity.

- The difference between formal and informal leadership.
- Reflective leadership, including identifying personal leadership strengths, areas for development, and the impact of leadership on others.

Learners should reflect on how they demonstrate leadership in their own roles and how peer leadership contributes to effective team culture and quality support. They should be able to analyse how their leadership qualities and behaviours influence team dynamics, workplace culture, and the quality of support provided.

New and emerging technologies

The focus on technology should go beyond the tools used in day-to-day roles to include sector-wide developments and their impact on the delivery of support. Programmes should support learners to evaluate the ethical and practical use of emerging technologies in the health and wellbeing sector. This includes understanding how technology is used to support:

- Prevention, self-management, rehabilitation, and resilience.
- Access to services (e.g. remote consultations (telehealth), mobile health services, digital health information, translation services and assistive technologies).
- Social connection and cultural support.

Learners should explore the ethical considerations and risks related to technology use, including:

- Data privacy and confidentiality.
- Digital equity and inclusion.
- Dependence on technology and risk of reduced human oversight.
- Person-centredness in a digital context.

Programmes should include foundational data literacy, helping learners understand the importance of accurate, timely, and comprehensive recording of data. Recording data is not just a compliance task — it supports continuity of care and contributes directly to improved outcomes for people accessing services.

Learners should explore:

- Why data matters: how information is used to guide service planning, goal setting, and resource allocation.
- Equity and outcomes: how accurate data helps identify needs, reduce inequities, and ensure the right support reaches the right people.

- Risks and responsibilities: the importance of human judgement alongside digital tools and the consequences of underreporting.
- Critical reflection: how technology and data use in their own role can contribute to equitable, person-centred service delivery.

Holistic and person-centred approaches to support

Holistic and person-centred approaches to support

At Level 4, learners are expected to critically evaluate how a person-centred approach is applied in practice and identify ways to strengthen the approach to better support wellbeing, dignity, and autonomy.

Programmes should support learners to assess how a person's lived experience — including trauma, disability, chronic illness, and experiences of social exclusion — can shape their sense of wellbeing and how they engage with support.

Learners should examine how overlapping aspects of identity (e.g., ethnicity, sexuality, gender, disability) may intersect to create unique barriers to wellbeing. Programmes should explore the concept of intersectionality and its implications for practice.

Learners must be able to analyse how stigma, discrimination, and systemic inequities (e.g., racism, colonisation, mental health stigma, and poverty) can negatively affect a person's wellbeing and influence their access to services.

Programmes should support learners to reflect on how these factors show up in health and wellbeing settings, and how they can be actively challenged or reduced through inclusive, respectful, and culturally responsive practice.

Holistic needs must be considered across physical, emotional, spiritual, cultural, and social dimensions. Learners should understand how these needs change over time and how to contribute to improvements in practice by:

- Offering informed observations and feedback.
- Adapting support strategies where appropriate.
- Promoting inclusive team cultures that value the person's voice and goals.

By the end of the programme, learners should be able to identify strengths and gaps in existing practice and contribute to enhanced person-centred approaches, within the boundaries of their role.

Abuse, neglect, and violence

Abuse, neglect, and violence require a dedicated focus within core skills. There has been a shift away from talking about vulnerable people to talking about patterns of abuse and risk.

At Level 4, learners are expected to evaluate patterns and risk indicators related to abuse, neglect, and violence, respond to disclosures safely and appropriately, and identify suitable referral pathways.

Learners should be able to analyse a range of indicators that may signal risk, including both obvious and subtle signs, and understand how risk may be shaped by:

- Social and environmental stressors (e.g., poverty, isolation).
- Cultural norms and expectations.
- Systemic oppression (e.g., racism, colonisation).
- Past trauma.

Programmes should reference the Family Violence: Entry to Expert Framework[7] and the core model of Recognise, Respond, Refer.

Learners should be able to explain how to respond safely and respectfully to a disclosure of abuse or violence. This includes:

- Remaining calm and non-judgemental.
- Listening and validating the person's experience.
- Ensuring safety.
- Maintaining professional boundaries.
- Documenting and reporting within organisational policies.

Programmes should support learners to recognise the difference between responding within their role and taking on responsibility for resolution — the focus should be on enabling safe pathways to support.

Learners should be familiar with referral pathways to specialist services, including those for people who are experiencing or using violence. They must be able to:

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[7] Family Violence Entry to Expert Capability Framework. (2022). Family Violence Entry to Expert Capability Framework. **https://tepunaaonui.govt.nz/assets/Workforce-Frameworks/Family-Violence-Entry-to-Expert-Capability-Framework-May-2022.pdf**

- Identify appropriate services.
- Make warm referrals[8] to appropriate specialist services, including with consent where required.
- Share relevant information safely.
- Document and support follow-up where appropriate.

Understanding trauma-informed and violence-informed approaches is essential. Programmes should help learners see how these frameworks support safer, more person-centred responses.

It is important to include information about what to do with children at risk of abuse, neglect, and violence especially in situations where the parent may be the client. Their experience of abuse may be different, and the abuse might not be directly aimed at them, but it does have a lasting impact.

While many learners completing this skill standard may not routinely encounter situations involving abuse, neglect, or violence in their everyday roles, it is essential that they have a clear understanding of how to recognise the signs and respond safely and appropriately if such situations arise.

Collaborative support planning

At Level 4, learners are expected to analyse their role in collaborative planning and apply plans in response to a person's evolving needs, while staying within their professional boundaries.

Programmes should ensure learners understand how different roles contribute to the development and application of plans focussing on ensuring a plan meets the needs of the person being supported. While learners may not be responsible for developing plans, they:

- Play a key role in contributing information (e.g. observations, insights).
- Must understand how to use a plan as a guide in delivering person-centred support.
- Should be able to identify and report changes that may indicate a need to adapt the plan.

Plans should be seen as person-led, responsive and dynamic - not static documents.

Learners should know how to:

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[8] Warm referrals are not just handing someone a telephone number; they are supporting the person with making contact and following up that referral to check it has been actioned.

- Use a plan to guide everyday support.
- Recognise when goals or milestones need adjustment (e.g., due to setbacks, progress, or new priorities).
- Communicate changes or concerns through appropriate channels.
- Adapt tasks or strategies within scope, based on updated plans.

Programmes should include:

- Types of plans (e.g. personal plans, care plans, support plans, treatment plans, or therapy plans. Plans can also include protocols and guidelines that help guide specific tasks or procedures.).
- Principles of collaborative, person-led planning.
- How to recognise when a milestone needs adjusting (e.g. new goals, setbacks, progress).
- The importance of documentation, communication, and cultural responsiveness in adapting plans.

By the end of the programme, learners should be confident applying or adapting plans in a way that supports individual needs, honours autonomy, and reflects evolving circumstances.

Culturally responsive support and communication

Impacts of colonisation

Learners at Level 4 must develop a deep and nuanced understanding of the ways colonisation continues to impact tangata whenua. Programmes should take a strengths-based and inclusive approach that recognises the resilience of Māori communities while also addressing systemic and historical causes of health inequities.

Learners should examine how the loss of land, language, governance structures, and cultural identity through colonisation has led to intergenerational trauma and disproportionate health challenges for Māori. They should also explore how these impacts are sustained through modern systems, policies, and institutional bias. Understanding the ongoing nature of colonisation – not just as a historical event, but as something that shapes lived experience today – is essential.

It is important for learners to compare the health and wellbeing outcomes of tangata whenua with those of other population groups, using credible data and examples. These comparisons

help to contextualise equity versus equality, and highlight the need for responsive, rather than uniform, support approaches.

Discussion of colonisation should move beyond theory and statistics to include how these issues show up in daily life – for instance, in access to care, cultural disconnection, or feelings of whakamā (shame or embarrassment). Where appropriate, programmes may include voices of Māori health professionals or iwi representatives to support authentic, place-based understanding.

Culturally responsive and inclusive support practices for tangata whenua

Te Tiriti o Waitangi is foundational to all health and wellbeing practice in Aotearoa New Zealand, underpinning a bicultural approach that recognises Māori as tangata whenua and partners to the Crown. At Level 4, learners are expected to assess how they apply Te Tiriti within their own roles. This includes understanding how Te Tiriti shapes behaviour, decision-making, and service delivery, as well as recognising the responsibilities it creates to uphold partnership, protect the rights of tangata whenua, and promote equity. Learners should be supported to analyse the relevance of Te Tiriti in their daily work and to explore the impact of their own values, cultural lens, and biases on how they engage with tangata whenua.

Reflection is key. Learners should be able to evaluate their own cultural capability and competence in supporting tangata whenua, including recognising where their practice may unintentionally exclude or cause harm, and taking steps to improve. Programmes should encourage an ongoing, reflective approach rather than viewing cultural responsiveness as a static skillset.

Respect for tikanga (customs) and kawa (protocols) must be taught with meaningful context. Learners should not only know what to do but understand *why* these practices matter and how they reflect underlying Māori values and worldview. They must be aware that tikanga and kawa vary across iwi and rohe, and that culturally safe, bicultural practicet requires consultation, humility, and alignment with local practices. Where possible, involving Māori health leaders, cultural advisors, or local iwi/hapū in programme delivery will help ensure authenticity and relevance.

Māori values such as manaakitanga (care), whakawhanaungatanga (relationship-building), tino rangatiratanga (self-determination), kaitiakitanga (guardianship), and kotahitanga (unity) should be embedded in programme content. Learners should be supported to confidently apply these values in their everyday interactions and to recognise how they can enhance service quality and outcomes for tangata whenua.

Te reo Māori should be integrated meaningfully into learning and practice—not as a token gesture, but as a genuine expression of respect and commitment to te ao Māori. Learners should develop confidence in using basic te reo Māori in a respectful and appropriate way. This includes correct pronunciation and an understanding of the contexts in which te reo can be used to promote inclusiveness and cultural safety. Learners should understand that te reo Māori is not only for interacting with tangata whenua — it can and should be normalised across all health and wellbeing settings. Examples include using te reo Māori when greeting or farewelling someone, opening or closing meetings with karakia, giving a mihi, or when supporting whānau in daily care interactions.

While not all learners will directly support tangata whenua in their roles, it is essential they can demonstrate an understanding of what constitutes culturally responsive, bicultural practice. This means recognising Aotearoa as a bicultural nation, shaped by Te Tiriti o Waitangi, and understanding the role they play in upholding that legacy through equitable, respectful, and inclusive care.

Culturally responsive and inclusive support practices for other cultures

At Level 4, culturally responsive support is more than adapting to individual needs — it involves critically evaluating how services, teams, and environments promote equity, inclusion, and cultural safety for all. Learners should understand that cultural competence refers to the development of knowledge and skills, while cultural safety is determined by the impact of support on the person receiving it — particularly whether they feel respected, empowered, and safe.

Programmes should emphasise that cultural responsiveness is not a one-time achievement but an ongoing process of reflection and responsiveness. Learners must be supported to reflect on how their own behaviour, communication, and decisions influence the experience of those they support. They should also be encouraged to consider how their workplace environment either promotes or undermines inclusion for people from diverse backgrounds — including those of different ethnicities, gender identities, sexual orientations, religions, disabilities, neurodiversities, and socio-economic contexts.

Understanding the impact of stigma and discrimination is critical at this level. Programmes should explore how racism, ableism, homophobia, and other forms of bias — whether overt or systemic — can impact wellbeing, trust, and access to services. Learners must be able to recognise that discrimination may appear in obvious ways, such as through language or exclusion, but can also be subtle and structural, including biased policies or underrepresentation. These dynamics can erode trust in services and lead to disengagement, particularly among those who have experienced harm in the past.

Rather than limiting learning to theoretical discussions of unconscious bias, programmes should incorporate applied and practical reflection. Learners benefit most when they can analyse real-world situations where bias shows up — often unintentionally — in everyday interactions and systems. Exploring how bias can influence service delivery, decision-making, or team culture helps build insight and accountability.

Trauma-informed strategies are also essential. Learners should recognise that people who have faced exclusion or discrimination may experience whakamā (shame or embarrassment), mistrust, or avoidance of support services. Programmes should provide practical approaches for creating safe, inclusive, and welcoming spaces — environments where people feel seen, heard, and valued.

Strategies to promote inclusion should include the use of inclusive language, representation of diverse identities in materials and signage, culturally responsive physical environments, and relationship-building with marginalised or underserved communities. Learners should also examine their workplace's approach to diversity and inclusion and assess where improvements are needed. They should be able to evaluate how well their own practice reflects inclusive values and take initiative to improve it.

Learners should be encouraged to see inclusion not as a checklist, but as a foundational approach to practice. Inclusive support affirms every person's identity, values their lived experience, and prioritises dignity and equity. At this level, learners should be empowered to model culturally responsive behaviour and contribute to building team cultures where diversity is recognised as a strength. They should be confident in promoting strategies that enhance inclusivity and cultural responsiveness, both within their own practice and across their services and organisations.

Communication

Effective communication is fundamental to safe, person-centred support. At Level 4, learners are expected to go beyond basic adaptation or barrier management. They should be able to assess their own communication, evaluate its effectiveness, and apply a wide range of culturally responsive strategies to support safe and successful engagement across diverse cultural contexts.

Communication should be understood as a relational process — not just what is said, but how it is said, how it is received, and the context in which it takes place. Learners should explore how verbal and non-verbal cues, including tone, silence, eye contact, and body language, are shaped by cultural norms and how these differences can impact trust, understanding, or safety. They should develop insight into how their own communication preferences may unintentionally

act as a barrier and learn how to adapt their approach to align with the values, preferences, and cultural frameworks of the people they support.

At this level, learners should examine complex and often layered barriers to effective communication, such as systemic inequities, low health literacy, trauma, cultural misunderstandings, and power imbalances. Programmes should equip them with tools to address these barriers with nuance and confidence — for example, the ethical and appropriate use of interpreters, use of visuals or plain language, relational engagement strategies, and active listening techniques that support shared understanding.

Learners must be encouraged to approach communication through a lens of cultural humility, recognising that no single style is universally effective, and that listening with curiosity, asking respectful questions, and adapting in response to feedback are all central to culturally responsive practice. They should also be supported to reflect on how power dynamics — including those related to culture, profession, or system structures — can shape communication and affect outcomes.

Reflection and critical self-assessment are key. Learners should analyse how their communication either fosters or hinders wellbeing, dignity, and inclusion. They should demonstrate an ability to adapt their communication in a trauma-informed way that actively builds trust and supports positive, enduring relationships. Ultimately, learners should be able to justify the choices they make in how they communicate, showing that those choices are responsive to the unique cultural, emotional, and relational needs of the people they are supporting.

Safe working practices

Health and safety practices

At Level 4, learners are expected to move beyond applying health and safety principles and begin critically analysing, evaluating, and promoting safe practice within their workplace. Programmes should encourage reflection, judgement, and adaptive thinking in complex and changing environments.

Learners should be supported to:

- Understand the purpose and scope of their organisation's health and safety policies.

- Critically assess how these policies align with legislative requirements such as the **Health and Safety at Work Act 2015**.[9]
- Evaluate how effectively policies and procedures are applied in practice and identify areas for improvement or adaptation.
- Recognise the influence of workplace culture and leadership on health and safety compliance.

At this level, learners should be able to assess hazards using the Hierarchy of Controls approach:

- Eliminate.
- Substitute.
- Isolate.
- Engineer controls.
- Administrative controls.
- Personal protective equipment (PPE).

Programmes should introduce dynamic risk assessment and encourage learners to apply this knowledge to real or simulated workplace scenarios, considering both immediate and systemic risks. Learners should reflect on how different controls protect people supported, staff, and the wider workplace environment.

Learners should understand how to:

- Promote health and safety best practices among colleagues.
- Adapt safety approaches to meet the needs of specific individuals or situations.
- Contribute to a culture of safety through modelling best practice, mentoring, and constructive feedback.
- Identify and respond to security risks such as breaches in confidentiality, unsafe access to environments, or emotional/physical safety issues.

This requires learners to act as active participants in creating a safe and secure workplace — not just complying with safety expectations but leading by example.

Duty of care

At Level 4, duty of care is explored in depth, especially in complex, ambiguous, or conflicting situations. Programmes should provide opportunities for learners to critically reflect on their

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[9] Health and Safety at Work Act 2015. (2015). Public Act 70. New Zealand Legislation. **https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html**

responsibilities and how they navigate tensions between safety and autonomy, legal obligations and personal values, and individual rights and organisational requirements.

Programmes should help learners understand that duty of care is both a legal and ethical responsibility that underpins all work in health and wellbeing settings. It is not just a concept but a core practice obligation to act in the best interests of others while doing no harm. Learners need to be clear on how this relates to their everyday responsibilities, their role boundaries, and how their actions (or inaction) can impact others.

Learners should:

- Analyse situations involving dilemmas (e.g. refusing medication, unsafe choices, breaches of confidentiality).
- Explore how duty of care intersects with principles of informed consent, autonomy, and the dignity of risk.
- Consider potential consequences of breaching duty of care (e.g. harm, loss of trust, disciplinary or legal action).
- Reference legal and ethical frameworks such as the Code of Rights, Health and Safety at Work Act, and organisational policies.

Programmes should support learners to:

- Promote ethical and person-centred practice in everyday tasks.
- Share knowledge with colleagues about the importance of duty of care.
- Support others in understanding how to manage risks responsibly.
- Role-model respectful, safe, and consistent practice.
- Lead positive risk-taking plans that support autonomy while addressing safety — moving beyond compliance with risk management processes.
- Advocate for the person they are supporting e.g. advocating for environmental changes (e.g., reducing sensory triggers), challenging institutional biases, or ensuring that a person's communication style is respected and accommodated

This may involve mentoring less experienced colleagues, contributing to policy discussions, or participating in quality improvement initiatives.

Reflection is essential for maintaining high standards of care. Learners should:

- Regularly review their decisions and actions against legal and ethical expectations.
- Recognise how their practice impacts others (positively and negatively).
- Identify areas where they could have acted differently or improved outcomes.
- Seek feedback and engage in continuous learning.

Reflective journals, supervision sessions, and facilitated discussions can help learners embed reflective practice into their routine.

Expression of unmet needs or distress

Distressed or escalated behaviour should be understood as a form of communication, often signalling unmet needs, emotional distress, sensory overload, or communication challenges. Programmes should move away from deficit-based language and focus on understanding the underlying causes of a person's distress or escalation such as trauma, unmet needs, sensory overload, or communication difficulties, using trauma-informed and person-centred approaches.

At Level 4, learners are expected to critically evaluate different workplace approaches to someone's expression of needs, identify contributing factors (including environmental, relational, physical, emotional, and systemic influences), and promote supportive, ethical, and inclusive practices that uphold the dignity and autonomy of the person.

Programmes should introduce models of best practice such as:

- Positive Behaviour Support (PBS).
- Low Arousal Approaches.
- Trauma-Informed Care.
- CALM, CPI, or other evidence-based de-escalation strategies.

Learners should understand and apply the escalation model of behaviour, recognising the progressive stages of distress—from early warning signs through to crisis—and how different strategies correspond to these stages to prevent or reduce escalation.

Learners should evaluate how these approaches are used in their own workplace and consider:

- Are responses respectful and person-centred?
- Do plans consider the individual's history, needs, and communication style?
- Are workplace policies enabling or restrictive?
- How effectively do responses align with stages of the escalation cycle to prevent further distress?

This encourages learners to question whether current practices promote dignity and safety — or unintentionally escalate behaviour.

Learners should be able to:

- Identify early signs and triggers of distress.
- Apply and adapt proactive strategies to reduce likelihood of escalation at various stages.
- Use responsive strategies (e.g. calming communication, environmental adjustments) that maintain safety and dignity.
- Understand factors (environmental, relational, systemic) that can intersect to influence expressions of unmet needs or distress
- Know when to involve others and escalate safely.

Evaluation should consider the effectiveness, safety, and appropriateness of strategies used, both in the moment and over time.

Learners should promote safe, respectful, and consistent responses to expressions of unmet needs or distress by:

- Modelling de-escalation techniques.
- Sharing knowledge about trauma-informed and person-centred strategies.
- Supporting reflective practice in peers (e.g. during post-incident support and team debriefs).
- Contributing to behaviour support planning and workplace learning.

Programmes should support learners to develop confidence in leading by example, not only keeping themselves safe but also enabling others to respond effectively.

CONTEXTUALISING PROGRAMMES OF STUDY FROM A NEURODIVERSITY-AFFIRMING PERSPECTIVE

This guidance supports Tertiary Education Organisations (TEOs) in developing learning and assessment for the core skill standards that are contextualised to meet the needs of those working with neurodivergent people. While the skill standards have been developed to be able to be used across different roles and environments, TEOs can enrich learning and assessment through a brain-based, inclusive, and strengths-focused approach that reflects the reality of supporting neurodivergent people.

A neurodiversity-affirming approach recognises that neurological differences such as autism, ADHD, FASD, dyslexia, and others are part of natural human diversity. These are not deficits to be fixed, but differences to be understood, respected, and supported through inclusive environments and adaptive practices.

Embedding Neurodiversity Across Core Skill Standards

Level 2

- Frame neurodevelopmental needs as part of holistic support (e.g. executive function, memory, emotional regulation, sensory processing).
- Use a brain-based lens to explain behaviours as neurological responses, not deliberate choices.
- Encourage learners to adapt communication using visual tools, simple language, repetition, and non-verbal cues.
- Introduce environmental adaptations (e.g. quiet spaces, visual schedules) as part of person-centred support.
- Use affirming language instead of deficit-based terms.

Level 3

- Embed supported decision-making using visual and concrete tools.
- Encourage learners to reflect on their own biases toward neurotypical norms and demonstrate ethical responses to neurodivergent needs.
- Reinforce the idea of neurodiversity as a cultural identity and expand the definition of communication to include sensory impact and preferred modes (written, visual, AAC, etc.).

- Focus on proactive, preventative strategies and structured environments, not behaviour control.

Level 4
- Support learners to evaluate service models using strengths-based principles and reflect on how neurodivergent people experience care.
- Encourage co-design with neurodivergent people in planning, goal-setting, and service development.
- Embed advocacy into "duty of care", empowering learners to lead conversations about accessibility, equity, and inclusion.
- Promote the use of neurodiversity-affirming terminology and leadership in challenging institutional bias.

Principle	What It Means in Practice
Brain-Based	Understand behaviours through a neurodevelopmental lens.
Strengths-Focused	Build on what people can do, not what they can't.
Environmentally Adaptive	Modify space, routine, and sensory input to reduce barriers.
Inclusive Communication	Use multiple methods — verbal, visual, written, AAC.
Culturally Responsive	Recognise neurodiversity as part of identity and culture.
Ethical and Reflective	Examine personal bias and advocate for inclusive practice.

LEGISLATION, CODES, STANDARDS, FRAMEWORKS, AND GUIDELINES

Programmes should reference the relevant legislation, codes, standards, frameworks, and guidelines as appropriate for the sector and level. These could include but not limited to the following:

- Children's Act 2014. (2014). Public Act 40. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html**

- Code of Health and Disability Services Consumers' Rights. *Health and Disability Commissioner*. **https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/**

- Enabling Good Lives. **https://www.enablinggoodlives.co.nz/**

- Family Violence Act 2018. (2018). Public Act 46. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2018/0046/latest/DLM7385942.html**

- Family Violence Entry to Expert Framework. *Te Puna Aonui*. **https://tepunaaonui.govt.nz/assets/Workforce-Frameworks/Family-Violence-Entry-to-Expert-Capability-Framework-May-2022.pdf**

- Family Violence Risk and Safety Practice Framework. *Te Puna Aonui*. **https://tepunaaonui.govt.nz/assets/Workforce-Frameworks/Risk-and-Safety-Practice-Framework-Web-Version.pdf**

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996. (1996). SR 1996/78. *New Zealand Legislation*. **https://www.legislation.govt.nz/regulation/public/1996/0078/latest/DLM230302.html** Health and Disability Commissioner Act 1994. (1994). Public Act 88. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/1994/0088/latest/DLM333584.html**

- Health and Disability Services (Safety) Act 2001. (2001). Public Act 93. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2001/0093/latest/DLM119975.html**

- Health and Safety at Work Act 2015. (2015). Public Act 70. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html**

- Human Rights Act 1993. (1993). Public Act 82. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html**

- Keeping it Real and Seven Real Skills. *Te Pou*. **https://www.tepou.co.nz/initiatives/keeping-it-real**

- Māori frameworks – Te Whare Tapa Whā, Te Wheke, Te Pae Mahutonga. *Ministry of Health*. **https://www.health.govt.nz/maori-health/maori-health-models**

- Mental Health (Compulsory Assessment and Treatment) Act 1992. (1992). Public Act 46. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html**

- Misuse of Drugs Act 1975. (1975). Public Act 116. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436605.html**

- Ngā Paerewa Health and Disability Services Standard. *Ministry of Health*. **https://www.health.govt.nz/regulation-legislation/certification-of-health-care-services/standards/nga-paerewa-health-and-disability-services-standard**

- Oranga Tamariki Act 1989. (1989). Public Act 24. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html**

- Pae Ora (Healthy Futures) Act 2022. (2022). Public Act 30. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2022/0030/latest/DLM1314889.html**

- Pacific frameworks – Kakala model, Fa'afaletui model, Ta and Va model, Fonua model, Fonofale model, Te Vaka Atafaga, Tivaevae model. *Ministry for Pacific Peoples*. **https://www.mpp.govt.nz/publications-resources/resources/pacific-wellbeing-strategy-insights/** *Health Quality & Safety Commission*. **https://www.hqsc.govt.nz/resources/resource-library/pacific-models-for-engagement/**

- Privacy Act 2020. (2020). Public Act 31. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2020/0031/latest/DLM7830945.html**

- Substance Addiction (Compulsory Assessment and Treatment) Act 2017. (2017). Public Act 4. *New Zealand Legislation*. **https://www.legislation.govt.nz/act/public/2017/0004/latest/DLM7064591.html**

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- Te Tiriti o Waitangi. *Waitangi Tribunal*.
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- United Nations Treaties. *Office of the High Commissioner for Human Rights*.
  https://www.ohchr.org/en/special-procedures/sr-health/international-standards-right-physical-and-mental-health#Core-International-Human-Rights-Treaties
- Workplace policies and procedures

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DEFINITIONS

Active participation – a person is an active partner in their own care or support, rather than a passive recipient.

Attitudes and behaviours may include – compassion, non-judgement, open mindedness, optimism, courage, patience, tolerance, respect, resilience, empathy, objectivity, transparency, accountability, responsibility, honesty, integrity, assertiveness, consistency, and ethical and professional conduct.

Approaches to delivering support, refer to models/frameworks/philosophies that may be applied within a health and wellbeing setting. These approaches provide an over-arching set of underlying principles, aims and objectives, operational parameters, and reviewable outcomes which direct the nature of support and the way it is provided. Frameworks and philosophies may include but are not limited to goal-centred approaches, holistic approaches, needs-based approaches, palliative care models, person-centred approaches, restorative care model, strengths-based model, brain-based approach,Te Whare Tapa Whā, Te Wheke, and Te Pae Mahutonga.

Behaviours of concern are actions that may cause physical, emotional, or psychological harm to themselves or others, or that seriously impact their ability to engage safely in daily activities or receive support. These behaviours can include aggression, self-harm, withdrawal, verbal outbursts, or socially inappropriate actions. Such behaviours often occur as a response to unmet needs, stress, communication difficulties, trauma, pain, or environmental factors. They are a form of communication and should be approached with empathy, understanding, and person-centred support strategies.

Bias refers to when we treat people differently, often without meaning to, because of hidden attitudes or assumptions. *Unconscious bias* happens automatically and outside of our awareness, but it can still influence how we see others, make decisions, and provide support. Recognising and reflecting on bias is important to ensure fair, respectful, and inclusive practice.

Bi-cultural partnership refers to the foundational relationship between Māori (the Indigenous people) and the Crown (the government), based on Te Tiriti o Waitangi (The Treaty of Waitangi). This partnership supports shared decision-making, respect for Māori authority and customs, and equal rights in all areas of public life.

Changes in a person – refers to emotional and/or psycho-social and/or cognitive and/or physical (including sensory) and/or psychological and/or environmental change

Code – an agreed set of foundation or guiding principles established by a health or wellbeing service provider, professional workplace, or regulatory body. This may include a workplace code of conduct or ethics; code of rights; professional association codes of conduct, rules, or ethics; and international conventions.

The Code of Health and Disability Services Consumers' Rights, otherwise referred to as the 'Code of Rights', or simply as 'The Code', establishes the rights of people using health and disability services, and the obligations and duties of providers to comply with it.

Collaborative planning is a process where the person receiving support, their family or whānau, and the multi-disciplinary team work together to create and adjust plans that reflect the individual's needs, preferences, and goals. It emphasises shared decision-making, open communication, and respect for the person's autonomy.

Condition – a state relating to a person's health and functional status usually related to a specific illness, disease, or disability

Culturally appropriate support – cultural appropriate support requires people to examine themselves and the potential impact of their own culture, biases or prejudices on a person receiving support. In doing so, healthcare workers hold themselves accountable for providing culturally appropriate care, as defined by the person receiving support – adapted from Curtis et al. (2019).

Cultural preferences may include but are not limited to – aspects such as food, music, clothing, communication, customs, celebrations, death and dying. Culture refers to more than ethnicity. The concept of culture may reflect factors and indicators such as – age, ethnicity, disability, occupation, workplace background, immigrant or refugee status, institutional care, religion or spiritual beliefs, gender identity, sexual orientation, and socio-economic status.

Culture refers to more than ethnicity. The concept of culture may reflect factors and indicators such as age, ethnicity, disability, neurodiversity, occupation, workplace background, immigrant or refugee status, institutional care, religion or spiritual beliefs, gender identity, sexual orientation, and socio-economic status. Ethnic cultural beliefs and values are the beliefs and values that stem from one's own ethnic background.

Delegation the process by which an Allied Health Professional allocates clinical tasks to an Allied Health Assistance. Delegating professionals have a responsibility to determine the knowledge and skill level required to perform the delegated task and the competency of the assistant to undertake the task. The assistant is accountable for accepting a task based on this acknowledged competency, and is responsible for their subsequent actions in carrying out a delegated task

Dignity of risk refers to the concept that individuals have the right to make choices and take risks in their lives, even if there is a chance of harm. It recognises that taking risks is essential for personal growth, independence, and quality of life.

Direction and Delegation refers to how health professionals guide and assign tasks to members of the team to ensure safe and effective care

Discrimination is the unfair or unjust treatment of a person or group based on characteristics such as their race, gender, age, disability, religion, sexual orientation, or other personal traits. It happens when someone is treated differently or less favourably than others because of who they are.

Duty of Care is a legal and ethical obligation to ensure the safety and wellbeing of others. It involves acting in a way that protects people from harm or risk and responding appropriately if concerns or incidents arise.

Duty of candour is the responsibility of health and care workers to be honest and open with people when things go wrong in their care. Also referred to as open disclosure.

Ethical challenges are situations where it is difficult to know the right thing to do because of conflicting values, responsibilities, or possible outcomes. These challenges often involve making decisions that affect people's rights, wellbeing, or safety.

Ethical practice refers to activities which conform to accepted standards of moral, social, and professional conduct. In the context of health and wellbeing, ethical behaviour is likely to involve: commitment to professional competence; adherence to evidence-based practice; demonstration of professional conduct; taking responsibility for self-care and the care of colleagues; collaboration; demonstration of accountability; valuing and respecting people's consent; respecting confidentiality; respecting and fostering relationships; recognising people's rights; recognising the importance of advocacy and self-advocacy; and recognising the need to foster people's skills development and lifelong learning.

Ethical principles are the values and standards that guide behaviour and decision-making in a health and wellbeing setting. They help ensure that support is provided in a respectful, fair, and responsible way. These principles include respecting people's rights, dignity, and privacy; acting with honesty and integrity; doing no harm; supporting informed choice; and maintaining professional boundaries. They provide a foundation for safe, person-centred, and culturally responsive practice.

Effective communication is the clear, accurate, and respectful exchange of information between people. It means that the message is understood as intended and helps build positive relationships, reduce misunderstandings, and support good decision-making. It includes active

listening, clear speaking or writing, appropriate body language and tone and respect for the person you are communicating with.

Equity refers to giving people the support and resources they need based on their individual circumstances, so that everyone has a fair chance to succeed or access the same opportunities. Unlike equality, which treats everyone the same, equity recognises that people may need different levels of help to reach the same outcome.

Functional ability is the physical, psychological, cognitive, and social ability required to carry on normal activities of life.

Functional status is a person's ability to perform everyday physical activities. Examples include mobility, meeting basic needs, independence, and maintaining health and wellbeing.

Hazards include but are not limited to hazards related to – workplace and practices, including but not limited to long working hours; the physical work environment; people accessing services; carers and the use of moving and handling techniques. Hazards and the seven groups of factors that combine to contribute to DPI are described in Sections 2 and 3 of the Guidelines.

Hauora – concept of holistic wellbeing, recognises that a person's health is not just physical, but also includes their mental and emotional, social, and spiritual wellbeing.

Health determinants – a range of physical, emotional, social, economic, behavioural, and environmental factors that collectively determine the health status of a person, group, or population.

Health and functional status – the physical, psychological, cognitive, and social ability required to carry on normal activities of life.

Health and safety practices are the procedures and actions followed to protect the wellbeing of individuals in a workplace or care setting. These practices aim to prevent injury, illness, and accidents by promoting a safe and healthy environment for both workers and those receiving support.

Health and wellbeing settings include but are not limited to - aged care, hospital, home and community, residential care, disability services, social services, mental health and addictions, rehabilitation, hospice and youth development services.

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.

Hierarchy of Controls framework refers to the systematic ranking of workplace hazards and the most effective methods to control and minimise them.

Holistic is a term used to describe a person-centred approach to assessment and service provision that promotes wellbeing and participation and is based on recognising the person's total needs – physical, mental, social, emotional, and spiritual.

Holistic needs include but are not limited to – physical, emotional, social, cultural, spiritual, mental, socio-economic, creative, occupational.

Holistic wellbeing is not just the absence of disease or illness; it involves a complex combination of a person's physical, mental, spiritual, emotional and social health factors that support quality of life.

Inclusion means creating an environment where all people feel respected, valued, and able to fully participate, regardless of their background, identity, or abilities.

Indicators are the warning signs or clues that suggest a person may be experiencing abuse, neglect, or violence. These signs can be physical, emotional, behavioural, or environmental, and may appear gradually or suddenly.

Informed consent means that a person has been given clear, relevant information about their care or support, understands it, and agrees to it freely. It includes having the time to ask questions, consider options, and make decisions without pressure. Consent can be withdrawn at any time, and support must be adjusted to reflect that decision.

Inter-disciplinary team refers to a team of three or more individuals with different roles and/or professions working collaboratively to achieve the same goal.

Leadership includes both peer and personal leadership and is not limited to formal roles. It involves positively influencing others, taking responsibility for your own growth, and contributing to a supportive team environment. This includes, but is not limited to, role modelling, mentoring or supporting others, dealing with conflict, problem solving, reflective practice, motivating self and others, self-development, self-awareness, taking responsibility and promoting a positive workplace culture. Leadership is about how you show up, support others, and continue learning.
Monitoring: the routine day to day oversight of Allied Health Assistants execution of delegated tasks. It is part of the delegation process and allows the delegating Allied Health Professional to ensure that the task is being completed safely and consistent with delegation instructions, modify the activity and/or instruction if needed and without delay, and ensure the outcomes of the task are as expected

Other/Natural supports – any assistance, relationships, or interactions provided to people being supported 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.

Person/people refer to the individual (or linked group) accessing services in a health or wellbeing context. Other terms used may include – client(s), consumer(s), customer(s), patient(s), resident(s), service user(s), tūroro or tangata whai ora.

Person-centred approach – an approach which places the person being supported at the centre by encouraging active participation and choice, and viewing them as an individual with unique qualities, abilities, interests, preferences, and needs.

Person-centred values may include but are not limited to – individuality, rights, choice, privacy, independence, dignity, respect, partnership, consent.

Plan – a generic term that covers documentation which outlines individual, or group needs and sets out how care or support should be provided. Plans may be known by different names depending on the context.

Plan milestones are specific, measurable goals or checkpoints within a plan that mark important stages of progress. They help track the person's achievements, indicate when adjustments may be needed, and guide ongoing support.

Positive support strategies may include but are not limited to: establishing functional communication options, change in service delivery, improving health status, participating in new activities, acquiring new skills, accessing new environments, gaining new social contacts, positive rewards providing information, providing opportunities for active participation and choice, distraction techniques, reducing stimuli, environmental changes, utilising support services. Implementation is in accordance with professional responsibilities including but not limited to – legal responsibilities, timeliness, cultural considerations, safety considerations.

Practice refers to responses to a condition, impairment, a specific situation, or social issue and includes who is involved, what their roles are, and the support and/or treatment that is provided

Preferred communication method may include but is not limited to verbal communication, pictures, symbols, signs, sign language and other communication devices, gestures.

Professional boundaries refer to the clear limits that define a respectful and appropriate relationship between a worker and the people they support. They help maintain trust, safety, and professionalism.

Professional practice refers to the knowledge, skills, values, and conduct that guide a person's work. It involves ethical behaviour, clear boundaries, and effective collaboration with the person receiving support, their family, whānau, natural supports, colleagues, and other professionals.

Professional relationships include the person requiring support, their family, whānau, and natural supports, work colleagues, and other health professionals

Reflective practice refers to the process of thinking about and learning from experiences to improve the way you work. It involves looking at what went well, what did not, and how you can do better next time.

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 swallowing difficulties, choking, reflux, malnutrition, under-nutrition.

Risk factors refer to conditions or situations that increase the chance of harm, injury, illness, or negative outcomes for a person. These can be physical, emotional, social, or environmental.

Risk of harm, the potential for harm to occur to a person due to a hazard or circumstance.

Role Boundaries includes but is not limited to – delegation and directives of a health professional, limits of own ability and training and ethical responsibilities

Security issues may include but are not limited to - physical, psychological, cyber, information, operational. For example - theft, property damage, unauthorised access to areas, bullying, abuse, handling of confidential information, staffing ratios, failure to follow procedures.

Self-care refers to strategies and/or activities undertaken in support of personal wellness in relation to nutrition, exercise, rest, management of anger and stress, education, training, career development, conflict resolution, mental, physical, or spiritual healing, grief resolution, and changes to the balance of lifestyle between family/whānau, friends, leisure, recreation, and work.

Self-reflection refers to the process of examining your own thoughts, feelings, actions, and behaviours to better understand yourself and how you affect others. It helps you recognise your strengths and areas for improvement.

Supervision the formal role support and the ongoing personal learning provided by an individual designated Allied Health Professional to an Allied Health Assistant. Routine supervision of an assistant establishes they are competent, and remain competent, to undertake the tasks assigned to them.

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.

Supported decision making is a process that helps individuals make their own choices by providing the assistance, information, and resources they need. It respects their autonomy while ensuring they fully understand the options and consequences.

Tangata whenua includes but is not limited to – mana whenua, iwi, hapū, whānau.

Te Tiriti o Waitangi represents the te reo Māori version or an approved English translation of the Māori version of Te Tiriti o Waitangi. Articles of Te Tiriti o Waitangi are Kāwanatanga, Tino Rangatiratanga, and Ōritetanga.

Technology refers to the tools, devices and systems used as part of the role. It can include but is not limited to computers, mobile devices, communication aids, healthcare equipment, digital health records. Anything that is used to to assist people effectively and safely in the role.

Te Whare Tapa Whā is a model for understanding Māori health. It is based on the concept of 'te whare tapa whā' – the four cornerstones (or sides) of Māori health.

Tikanga and kawa refer to the appropriate practice or protocol to be used in particular situations. These practices or protocols reflect the concepts or mores upon which they are based. Tikanga and kawa are related to the local iwi and/or hapū interpretation and will be developed by way of consultation with local iwi and/or hapū.

Trapping is a condition whereby a person may become trapped between fixed items such as walls and various movable items within the room (such as a bed or large chair).

Wellbeing refers to a sense of feeling good and the ability to function well. Wellbeing is not just the absence of disease or illness; it involves a complex combination of a person's physical, mental, emotional, and social health factors that support their quality of life.

Workplace – refers the environment where someone carries out their role. It can include but is not limited to homes, healthcare facilities, residential care facilities, community spaces, schools.

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

Workplace or organisational standards refer to the policies, procedures and practices which reflect a workplace's service philosophy and the current and relevant ethical, legislative regulatory and contractual requirements to which the setting or role is subject. Workplace standards may be documented in the workplace's vision and values, standard operating procedures, health and safety plans, contract work programmes, quality assurance programmes, policies and procedural documents and codes of conduct and/or ethics.