

National Occupational Standards

Sensory Services:

**Standard 10 - Work within the values and principles of habilitation/
rehabilitation practice and ensure your own professional development**

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STANDARD 10 - WORK WITHIN THE VALUES AND PRINCIPLES OF HABILITATION/ REHABILITATION PRACTICE AND ENSURE OWN PROFESSIONAL DEVELOPMENT

ELEMENTS OF COMPETENCE

1. Work within the principles and values underpinning habilitation/ rehabilitation practice
2. Demonstrate professional judgements, justify decisions and uphold professional practice, skills, values and ethics
3. Critically reflect upon your own practice and performance using supervision and support systems.

ABOUT THIS STANDARD

This Standard is about your own professional development within the principles of habilitation/ rehabilitation work with children, young people and adults. The standard is relevant for all levels. Sections of the standard can be used for induction purposes, professional development and for training.

The terms habilitation/ rehabilitation are used in their broadest sense in this standard and anyone who works across the spectrum of sensory impairment will at some point do some work with individuals that will be of a habilitation/ rehabilitation nature.

Although the primary responsibility for your professional development rests with you, the standard also requires management support to facilitate the continuing professional development of the workforce.

Evidencing your performance, knowledge and understanding

The **performance criteria** sections under each element and the **knowledge and understanding** section indicate areas that you should be able to evidence in relation to your performance or knowledge and understanding.

Values underpinning the whole of this standard

The values underpinning this standard have been derived from the key purpose statement¹ you must work within the principles and values of the relevant service standards, guidance and codes of practice/ conduct for health and social care in the four countries to achieve this standard.

Key principle

Communication underpins the entire standard and all the standards in this suite. It is vital that those working in the field of sensory impairment with children, young people and adults have the necessary and appropriate skills to communicate effectively with people who may use a range of communication tools/ techniques or methods. This standard relates to those working with people who need sensory support services and all communication must be appropriate to the needs of people with sensory support needs. It is also important that workers recognise the need for specialist communication skills and the risk of miscommunication.

Knowledge and understanding

The knowledge and understanding for this standard will relate to country specific regulatory requirements and codes of practice applicable to the scope of your work and those of colleagues. It will also relate to your role and to the level of responsibility you have within your organisation to undertake activities to achieve a high quality service.

KEY WORDS AND CONCEPTS

This section provides explanations of the key words and concepts used in this particular standard. Note, in National Occupational Standards it is quite common to find words or phrases used that you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. Therefore, we would encourage you to read this section carefully before you begin working with the standard and to refer back to this section as required.

¹ The key purpose of the sensory services workforce is to empower people who use these services to maximise their independence, opportunities, strengths and skills.

Active support

Support that encourages the individual to maximise their independence and promotes lifestyle choices. In the case of children and young people this would also be relevant to the role of parent/ carer or the children themselves as a part of their own care planning process.

Communication

This standard makes it explicit that you:

- Must have the skills to be able to effectively communicate with the individual you are supporting or in a case where specialist communicators are needed arrange for these to be put in place
- Should use the individual's preferred means of communication both receptively and expressively in the most appropriate format and should listen actively
- Need to be constantly aware that communicating will be complex and that the risk of misunderstanding is significant

Constructive feedback

Feedback that is a two-way process that is communicated in the most appropriate way to the person giving and receiving it to inform their personal development and growth. The standard requires you to seek constructive feedback to inform your own development. In the case of those working with children and young people, there will be opportunities for feedback directly to or from children, young people and their representatives.

Development opportunities

These are encouraged as part of induction and continuous professional development (CPD) and include a variety of methods, e.g. training courses, educational programmes, qualifications, coaching, mentoring, action learning sets, reading, self-directed learning, secondment opportunities and personal and professional support.

Disadvantage, discrimination and social exclusion

This relates to race, gender, religion, sectarianism, language, age, class, disability (including sensory disability), poverty, culture, belief and sexual orientation.

In practice you must take account of the relevant policies and procedures within your organisation or agency.

Empowerment

Empowerment is a process of enabling individuals (children, young people and adults) who are at a disadvantage at both personal and organisational levels to gain more autonomy and control over their lives.

Functional Assessment

A functional assessment measures how well an individual uses their senses to perform routine tasks in different places and with different materials throughout a day.

Guidance

Guidance can be national, local or organisational.

Individuals

In the standard "individual" refers to children, young people and adults who may require health and or social care and children's, educational or training services. It also refers to advocates and interpreters or people who work with them to express their views, wishes or feelings and to speak on their behalf.

Issues

Issues means, what impacts on the individual or is relevant to their experience. The use of the word "issue" does not imply a difficulty, but simply an aspect of the person's life that is the focus of the current work.

Key people

Key people include: family, friends, carers, support worker, social worker, role model, befriender, advocates, habilitation/ rehabilitation workers, communicator guides and others with whom the individual has a supportive relationship.

Knowledge and evidence based practice

Current best practice based upon a number of sources including: research, the expertise and experience of children, young people, adults, families, groups, communities, practitioners and managers and evidence from regulation and inspection.

Partnership working

The process of working collaboratively with other professionals or organisations, e.g. Optometrists, Eye Clinic Liaison Officers, Hospital Departments, those in education or training, Local Societies and Voluntary and Community Services (Third Sector Organisations) to raise the profile of sensory support issues and to offer appropriate support.

Professional knowledge

Refers to knowledge regarding the specialist area of your work and how to apply it to practice.

Rehabilitation/ habilitation

Rehabilitation involves a wide range of support that aims to maximise independence, skills and confidence. Rehabilitation can involve helping people to regain abilities or functions lost due to illness or injuries.

Habilitation defines the coordinated use of medical, social, educational, and vocational measures to help people develop their functional ability. This contrasts with helping people to regain abilities lost due to illness or injuries rather than people who have been born with impairments.

Response to poor practice

Your response to poor practice may involve: offering constructive feedback, offering information and advice to enable the individual(s) concerned to access appropriate guidance and support and/ or reporting incidents of bad or dangerous practice to the appropriate authority.

Rights

The rights that individuals have to:

- Be respected
- Be treated equally and not be discriminated against
- Be treated as an individual
- Be treated in a dignified way
- Have privacy
- Be protected from danger and harm
- Be cared for in a way they choose
- Have access to information about themselves

- Communicate using their preferred methods of communication and language.

In the case of children and young people, they have the right to be actively involved in the decisions that affect them

Risks

Risk is the inevitable consequence of people taking decisions about their lives. But it means different things to different people. There is no one definition. In social care, as in the rest of life, risk can be viewed negatively. Because of perceptions of risk which may or may not be real, a person might be prevented from doing things which most people take for granted. So perceived risk must be tested and assessed against the likely benefits of taking an active part in the community, learning new skills and gaining confidence. What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks.

A decision about the perceived or actual risk needs to be taken in conjunction with the person using services themselves, as well as the professionals involved. Just as taking a risk is a personal choice, levels of risk are perceptions, and a judgement about an acceptable level of risk should be a joint decision.

Services

Refers to services provided by your own organisation or other agencies.

Social Model of disability

The Social Model of disability says that disability is caused **by the way society is organised**, rather than by a person's impairment or difference.

The Social Model of disability looks at ways of **removing barriers which restrict life choices** for people with impairments* or differences.

When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the Social Model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

(* Impairment is defined as the limitation of a person's physical, mental or sensory function on a long-term basis.) Extract from *children in the picture* www.childreninthepicture.org.uk/au_socialmodel

Sources of information

Will include a wide variety of current information. For example from:

- Professional organisations, e.g. professional bodies, trade associations and trade unions
- Professional contacts, e.g. colleagues, mentor, supervisor, tutors/lecturers and researchers
- Written sources, e.g. professional journals, research reports and policy documents
- Networks such as black and minority ethnic groups to consider cultural issues, e.g. fasting, festivals and priorities

Supervision

Supervision involves a process of supportively reviewing a person's work decisions to develop their practice. It can be formal, informal, provided from within your organisation or provided from outside your organisation. (Note, it is recognised that supervision in relation to work with children and young people is different to the supervision of work with adults).

Support

Refers to the support you provide. It includes: verbal explanation, written information, accompanying the individual or arranging for this to happen.

Transitions

Transitions are daily and intermittent changes in a person's life that may affect their well-being, the way they behave and develop and their ability to continue to learn and cope with other changes.

There are two major types of transitions: the first includes transitions within daily life, for example with adults moving from and to home/ the provision to a day centre, and for children going from and to home/ the provision to school. They also involve changing activities and routines within the day where there are differing expectations and requirements from the child, young person or adult.

The second is intermittent and involves a significant change for the person. These transitions can be divided into three categories. First, those that are common to most people; for example, when people move from one form of accommodation and living environment to another. Second, those that are shared by a significant number of peers, such as families separating. Third, those that are personal and may not be shared or understood by others.

For children and young people, the first will include transferring between years in the same school, or college or transferring from one school to another. It could also include transitional experiences such as physical changes, e.g. the onset of puberty. The second may be their parents divorcing. The third being in foster or residential care, having a parent or carer who abuses drugs or alcohol, or being a young carer.

(Source: Leadership and management NOS Ref: LMC B3)

Values and principles

Are those specified by: professional bodies, government, your employer, service users and their carers and relevant national bodies.

1 Element 1 - Work within the principles and values underpinning habilitation/ rehabilitation practice

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Integrate the values and principles of habilitation/ rehabilitation into your own practice
- b) Identify and work with disagreements, conflicts and tensions between stated values and principles
- c) Ensure that, in team working, members are aware of the specific values and principles of habilitation/ rehabilitation and that you are aware of, acknowledge and respect the specific values and principles of other professionals
- d) Evaluate your own values and principles and identify any conflicts and tensions that might arise, generally and when dealing with specific cases
- e) Develop strategies to deal with any conflicts or tensions
- f) Seek help and advice on values and principles that you are unable to integrate into your practice, either generally or when involved with specific cases
- g) Ensure that the professional principles, codes and values are used:
 - In your practice, especially in relation to anti-discriminatory and inclusive practice
 - When working with colleagues, on both an individual and a group basis
 - When enabling and empowering service users
 - When working with service users to identify goals.

2 Element 2 - Demonstrate professional judgements, justify decisions and uphold professional practice, skills, values and ethics

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Apply professional knowledge and skills to the habilitation/ rehabilitation processes of:
 - Referral
 - Assessment
 - Planning
 - Intervention
 - Outcomes
 - Monitoring
 - Identifying strengths and skills
 - Review of practice
- b) Identify and justify the basis for your professional judgments, including whether they are based on:
 - Habilitation/ rehabilitation theory, models and methods
 - Best knowledge and evidence based practice
- c) Explain and justify (both verbally and in writing) the rationale for your professional judgements and decisions when working with differences in perspectives from:
 - The individuals requiring services and their carers
 - Others within your own team and organisation
 - Other professionals including advocates
- d) Work sensitively when dealing with issues of equality and diversity

- e) Apply professional assertiveness effectively when:
- Supporting your professional judgements and decisions
 - People disagree or challenge your professional judgements and decisions
 - Explaining decisions, events and outcomes
 - Challenging the judgements and decisions of others where:
 - There is a risk of significant harm to those with whom you are working
 - There is evidence that the needs of those you are working with are not being met
 - Unmet need may create additional risk
 - There is a risk to yourself or your colleagues
- f) Use your professional authority constructively and appropriately
- g) Explain the knowledge base and skills of the profession in an assertive, informed and understandable manner using a mode of communication preferred by the person you are explaining it to.

3 Element 3 - Critically reflect upon your own practice and performance using supervision and support systems

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Monitor and evaluate processes, practice and outcomes from your own work
- b) Seek feedback from individuals, families, carers, groups, communities, colleagues, supervisors and team members when evaluating your own work
- c) Review and identify supervision, support and professional development requirements that are:
 - Specified by your organisation
 - Specified by the regulatory councils
 - Grounded in best practice
- d) You identify:
 - Your own achievements, strengths, weaknesses and development needs
 - Your own best practice
 - Gaps in your expertise, the impact these might have on practice and the actions that are required to address them
 - Ways you could improve critical self-reflection
 - Your reaction to stress and how you manage stressful situations
- e) Continually review and update your own practice through continuing professional development opportunities

- f) Seek and use professional and organisational supervision and support to:
 - Guide current and inform future practice
 - Identify continuing professional development needs that will reduce stress and enhance performance
- g) Take action to meet continuing professional development needs
- h) Participate in education and training to ensure you maintain an up-to-date knowledge of practice procedures and techniques.

KNOWLEDGE AND UNDERSTANDING

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice for the performance described in this standard.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to show that you know, understand and can apply in practice according to your level of experience and seniority:

A. CORE VALUES

Use and develop methods and systems to communicate, record and report

1. Legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when communicating, recording and reporting with individuals, key people and others
2. Knowledge and practice that underpin the holistic person-centred approach which enables you to work in ways that:
 - Place the individual's preferences and best interests at the centre of everything you do
 - Provide active support for the individuals
 - Recognise the uniqueness of individuals and their circumstances
 - Empower individuals to take responsibility (as far as they are able and within any restrictions placed upon them), and make and communicate their own decisions about their lives, actions and risks
3. Methods and ways of communicating that:
 - Support equality and diversity
 - Support the rights of people to communicate in their preferred way, media and language
 - Are ethical and adhere to any codes of practice relevant to your work

- Respect other people's ideas, values and principles
 - Ensure people's dignity and rights when identifying and overcoming barriers to communication
4. How to manage ethical dilemmas and conflicts for individuals, those who use services and staff/ colleagues, about communication, recording and reporting
 5. How to challenge information, documents, systems, structures, procedures and practices that are discriminatory, especially in relation to individuals' communication and information needs.

Contribute to the development and maintenance of healthy and safe practices in the working environment

6. Legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when contributing to the development and maintenance of healthy and safe practices in the working environment
7. Methods and ways of working that:
 - Support equality and diversity when contributing to the development and maintenance of healthy and safe practices in the working environment
 - Are effective when dealing with, and challenging information, documents, systems, structures, procedures and practices that are discriminatory
 - Are ethical and adhere to any codes of practice relevant to your work
 - Respect other people's ideas, values and principles when contributing to the development and maintenance of healthy and safe practices in the working environment.

Take responsibility for the continuing professional development of self and others

8. Up-to-date knowledge and practice of legal and organisational requirements for equality, diversity, discrimination, rights, confidentiality and sharing of information and how to update and develop your own, and the practice of other staff on these
9. How to access training and development to enable you to manage ethical dilemmas and conflicts for individuals, those who use services and staff.

B. LEGISLATION AND ORGANISATIONAL POLICY AND PROCEDURES

1. Country, UK, EU legislation, statutory codes, standards, frameworks and guidance relevant to habilitation/ rehabilitation practice and related fields, including multi-disciplinary and multi-organisational practice, data protection and confidentiality of information
2. International law and social policy, including policy on social care, education, health, housing and welfare rights
3. Demographic and social trends
4. Policies on diversity, discrimination and promoting independence/ autonomy of children, families, groups and communities and research on their effectiveness.

C. THEORY AND GOOD PRACTICE

In relation to self

1. Interpersonal communication skills for yourself, individuals and key people
2. The context for habilitation/ rehabilitation and professional practice
3. Self-awareness
4. Knowledge of learning styles and how to evaluate these
5. How to scan knowledge information and extract specific information
6. How you relate to others
7. How to critically evaluate your own work.

In relation to communications

8. Methods of consulting with different groups including children and young people and adults, their organisations or groups and actively listening to their feedback
9. Methods for collecting, analysing and interpreting feedback to enable decisions to be made about your support
10. Understanding of the impact of multiple impairments. Be aware of the potential for miscommunication in these circumstances and therefore carefully plan how you will communicate with the individual and use or arrange the most effective communication methods

11. Having the skills to plan communication in advance and making sure either you have the necessary skills in place or have access to the specialist communication skills needed
12. Be aware that individuals may prefer to express themselves using a different mode of communication compared with how they prefer to receive information and adapt how you communicate accordingly
13. Be resourceful when overcoming barriers to communication and barriers restricting the independence of the people you support.

In relation to habilitation/ rehabilitation

14. Historical perspectives of habilitation/ rehabilitation and social welfare
15. Theories about the impact of authority and power in the habilitation/ rehabilitation role
16. Contemporary issues and trends in habilitation/ rehabilitation
17. Understanding of why people use habilitation/ rehabilitation and health and social care services
18. Psychological and sociological explanations of:
 - Human growth and development and the factors that impact on it including full lifespan, i.e. child development to gerontology concept development
 - Mental health and well-being
 - Social interactions and relationships
 - Discrimination and oppression
 - Human behaviour
 - Self-determination and motivation
19. Functional low vision assessment and the skills required to carry this out
20. Low vision devices and therapies
21. Range and applications of specialist equipment including accessible technology and those which are a substitute for vision
22. Therapeutic intervention/ training

23. Medical aspects of deafness, blindness and visual and hearing needs including medical advances and the associated functional implications of:
 - Anatomy and physiology of the eye
 - All eye conditions and treatments
 - Use of functional vision
 - Therapeutic approaches
 - Colour contrast
 - Lighting
 - Equipment
 - Processes for registration for a vision impaired certificate
 - General anatomy, physiology and the impact of a range of health issues including dual sensory loss
24. The demarcation between habilitation/ rehabilitation and optical practice
25. Optics and the visual system
26. Interpretation of reports of the clinical examination
27. Deafblindness
28. Physical and learning disabilities
29. Sensory motor functioning
30. Systems of orientation and mobility
31. Development, administration and supervision of orientation and mobility programs
32. Orientation and mobility skills and techniques for indoor and outdoor mobility and the use of related equipment such as canes and technology
33. Personal management for people who need sensory support
34. Home management for people who need sensory support
35. Communication systems
36. Recreation, leisure, employment, education and housing for people who need sensory support.

In relation to partnership and collaboration with others

37. Theories and methods about working in collaboration with the main groups of people using services
38. Theories of poverty, unemployment, health, needs and other sources of discrimination and disadvantage and their impact on social exclusion
39. Theories about the impact of discrimination and oppression and the methods of working with diversity
40. Knowledge of the range of local and appropriate national habilitation/ rehabilitation resources and services
41. Understanding of social care, social work, social services and structures
42. Methods of multi-disciplinary working
43. Organisational structures, policies and procedures for referral
44. Policies, procedures and regulatory requirements for the security and confidentiality of information
45. Awareness of power issues in various work settings and the impact these have on service outcomes, e.g. domiciliary settings, sheltered housing settings etc.

In relation to children and young people

46. Theories and methods of promoting personal, social and emotional well-being with children, young people and adults
47. Theories and methods of good assessment practices for use with children, young people and adults
48. Theories of pedagogy including strategies and instructional methods for use with children, and young people
49. Managing risk and protecting individuals from harm
50. The social, emotional and psychological impact of hearing loss, sight loss, failing sight on the individual and the family, e.g. gender issues and parental role
51. The importance of involving key people, in particular parents (who often have extensive skills and knowledge), as well as other significant other people in the child or young person's life
52. Methods of working across age ranges and differing needs

53. Understanding the role of habilitation work with children and young people
54. Consider issues of identity, delayed effects of change and be aware of possible signs that someone is going through a particular life transition
55. Know about the likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment and leaving home or care
56. Understand patterns of transition from childhood to adulthood and appreciate that it may be different from your own past experiences
57. Understand that children and young people with disabilities or additional educational needs may need extra support to manage transitions, and know when to seek specialist advice
58. Know that children and young people can be influenced by peers
59. Psychological and sociological explanations of:
 - Human growth and development and the factors that impact on it including full lifespan, i.e. child development to gerontology concept development
 - Mental health and well-being
 - Social interactions and relationships
 - Discrimination and oppression
 - Human behaviour
 - Self-determination and motivation.