

SFHPHP01

Collect data and information about health and wellbeing and/or stressors to health and wellbeing



Overview

This standard covers collecting data and information about health and wellbeing and/or stressors to health and wellbeing. The data and information might be collected and formed for: ongoing monitoring; a specific study (e.g. a lifestyle survey); enhanced surveillance; or health protection. This standard is most likely to be relevant to those who have a significant role in collecting such data and information as compared with those whose data collection forms only one small part of their overall post.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 identify
 - P1.1 the nature of the data and information that needs to be collected
 - P1.2 the data sets to which the data and information must conform
 - P1.3 various aspects of the data and information
 - P1.4 the accuracy of the data and information that is needed and how to achieve
 - P1.5 how the data and information being collected relates to broader future needs
 - P1.6 how the data and information relates to the work of others and possibilities for partnership working
 - P1.7 appropriate methods for obtaining the data and information
 - P1.8 the nature of consent that is needed by those involved in the study and how this should be obtained
- P2 use data and information gathering methods
 - P2.1 that are appropriate to the purpose of the data and information collection
 - P2.2 that gain the appropriate amount of data
 - P2.3 that minimise disruption to those from whom the data and information is being collected and make best use of collaborative working
 - P2.4 in a cost effective manner
 - P2.5 consistent with legislation
- P3 interact with people in ways that
 - P3.1 encourage effective communication
 - P3.2 promote diversity
 - P3.3 are anti-discriminatory
 - P3.4 are consistent with the role and responsibilities of the worker
 - P3.5 promote and explain the agency and its work
 - P3.6 maintain the confidentiality of information
- P4 obtain data and information of a sufficient quantity and quality for the task in hand
- P5 take the necessary actions to improve the quantity and quality of data and information being collected so that it is fit for purpose

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Knowledge and understanding

You need to know and understand:

- K1 the different types of data and information:
 - K1.1 community and population views of health and wellbeing needs and outcomes
 - K1.2 routinely available data on reproduction, disability, illness, disease and death
 - K1.3 data on the use of services (such as health and social care services)
 - K1.4 data on measures to manage disability, illness and disease
 - K1.5 data on the relationship between the physical environment and health and wellbeing
 - K1.6 data on the relationship between the social environment and health and wellbeing
 - K1.7 census data - key indicators and projections
- K2 the difference between qualitative and quantitative data, how to use the two together, and the limitations of different forms of data
- K3 what is meant by the concepts of validity and reliability in relation to the design of data collection
- K4 the range of different data collection methods that might be used, the strengths and weaknesses of each and their use for different purposes and in different contexts
- K5 how to frame research questions for the collection and analysis of data and information about health and wellbeing and related needs
- K6 the ethical issues and legislative requirements surrounding data and information(e.g. small numbers and confidentiality)
- K7 the profile of the local area with which the worker is concerned
 - K7.1 communities (neighbourhoods, communities of interest, communities of identity)
 - K7.2 agencies and workers (across all sectors)
 - K7.3 health and wellbeing: equalities and inequalities
 - K7.4 illness: incidence, types, levels, problems and contributing factors, the likely extent of unreported illness and disability
 - K7.5 structures and amenities
 - K7.6 cultural diversity, community groups, formal and informal leaders, networks
- K8 what is meant by 'hard to reach' groups and the importance of involving such groups
- K9 methods and approaches of community involvement
- K10 how communication can be altered for different needs and contexts and how to respond to differences in the way that people communicate
- K11 the specific legislation, guidelines of good practice, charters and service

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- standards that relate to the work being undertaken and the impact of these on the work
- K12 the services, policies and priorities of the worker's agency and how it relates to other agencies in the sector
- K13 the data storage and retrieval systems used by agencies working in health improvement
- K14 the codes of practice and protocols about confidentiality and information sharing between agencies working in partnership
- K15 own role and responsibilities and from whom assistance and advice should be sought if necessary
- K16 how to apply the principles of equality, diversity and anti-discriminatory practice to work
- K17 the need to develop one's own competence and skills in line with changes in knowledge and practice; how the worker's area and scope of practice are changing; the evidence which is available on the work and the implications of this for their own skill and knowledge base

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: IK2 Information collection and analysis Level: 3

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