

SFHPHP06

Draft and structure communications about health and wellbeing and/or stressors to health and wellbeing



Overview

This standard is about drafting and structuring communications about health and wellbeing and/or stressors to health and wellbeing. Communication might be for information, promotion, education, prevention, or protection purposes.

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

SFHPHP06

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Performance criteria

- You must be able to:*
- P1 work in partnership with others to identify
 - P1.1 the target audiences for the communication
 - P1.2 how to access the target audience
 - P1.3 the likely interest the target audience will have in the communication
 - P2 draft communications using media, style, vocabulary and tone that
 - P2.1 balance the nature and complexity of the subject with the needs and interests of the audience
 - P2.2 highlight key issues
 - P2.3 enable important distinctions to be made
 - P2.4 honestly acknowledge others' work
 - P3 test the effectiveness of the draft communications with appropriate people
 - P4 appraise draft communications from others for the extent to which the media, style, vocabulary and tone
 - P4.1 balance the nature and complexity of the subject with the needs and interests of the audience
 - P4.2 highlight key issues
 - P4.3 enable important distinctions to be made
 - P4.4 and provide constructive feedback to others
 - P5 suggest
 - P5.1 how different contributions, including one's own, can be linked together to improve overall communication
 - P5.2 ways of drawing on the strengths of the different contributors
 - P5.3 ways of drawing on appropriate sources of information and expertise to improve the communication
 - P6 respond constructively to others' feedback on draft communications and make the necessary improvements

SFHPHP06

Draft and structure communications about health and wellbeing and/or stressors to health and wellbeing

Knowledge and understanding

You need to know and understand:

- K1 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 qualitative and quantitative data, how to use the two together and their respective limitations
- K3 the concepts of validity and reliability in relation to the design of data collection, collation and analysis
- K4 the range of qualitative and quantitative data analysis methods available and the purpose of each
- K5 how to interpret and present data and information including:
 - K5.1 how to summarise and present information and the key issues emerging from it, in written, diagrammatic, graphic and pictorial, and audio form
 - K5.2 comparing local populations with other populations identifying localities or groups with poor health and wellbeing using secondary data
 - K5.3 comparing the health and wellbeing needs of different socio-economic groups (using data on socio-economic status and health needs)
 - K5.4 comparing health and wellbeing needs in different environments (e.g. the quality of air, water, food etc) using data on the physical environment and health
 - K5.5 comparing health and wellbeing status and the assessment of health and wellbeing needs using data on health and biological determinants
 - K5.6 comparing a locality with other populations through examining the scale of health and wellbeing problems in terms of incidence or prevalence
 - K5.7 assessing the importance of different risk factors in a given population, including socio-economic, lifestyle, ethnic and genetic

SFHPHP06

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- factors
- K6 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 methods and approaches of community involvement
 - K9 the ways in which communication can be altered for different needs and contexts and how to respond to differences in the way that people communicate
 - K10 the specific legislation, guidelines of good practice, charters and service standards that relate to the work being undertaken and the impact of these on the work
 - K11 the services, policies and priorities of the worker's agency and how it relates to other agencies in the sector
 - K12 the data storage and retrieval systems used by agencies working in health improvement
 - K13 codes of practice and protocols about confidentiality and information sharing between agencies working in partnership
 - K14 own role and responsibilities and from whom assistance and advice should be sought if necessary
 - K15 how to apply the principles of equality, diversity and anti-discriminatory practice to work
 - K16 how 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

SFHPHP06

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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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