RSPH Level 2 Award in Improving the Public's Health

October 2023

Guided Learning Hours: 26 hours

Total Qualification Time: 38 hours

Ofqual Qualification Number 603/0656/7

Description

The purpose of this qualification is to meet the need for a "radical upgrade in prevention and public health" set out in the NHS England Five Year Forward View (NHS England, 2014) and to meet the need for a sector-wide focus on "preventing illness and tackling health inequalities" set out in the NHS Long Term Plan (NHS England, 2019).

This qualification is for people working in the wider public health workforce who wish to engage in prevention and improve health in their communities. Successful candidates will be able to support individuals in behaviour change that leads to healthier lifestyles and address local health issues.

The Understanding the Wider Public Health Workforce report, published in 2015 by the Centre for Workforce Intelligence (CfWI) and RSPH, estimated that 15-20 million people in over 170 occupations work in the wider public health workforce. This is defined as "any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work" (CfWI and RSPH, 2015).

The Wider Public Health Workforce can include:

- Blue Light Services (individuals working in fire and rescue services, police services, ambulance services and paramedics, army personnel)
- Communities (community development, housing and welfare, teaching and education, childcare, caring services, health and social care, health champions)
- Commercial (workplace and occupational health, health and safety, sport and fitness)

The qualification provides a knowledge and understanding of the principles of health improvement and mental health and wellbeing, as well as how to build relationships with clients and the local context of health and wellbeing issues and measures for addressing them. It is mapped to national occupational standards, functions of the Public Health

Skills and Knowledge Framework (PHSK) and Making Every Contact Count (MECC) guidelines.

Contents

Overview

The qualification consists of four mandatory units:

- Unit 1 Principles of health improvement

- Unit 2 Understanding mental health and wellbeing

- Unit 3 Developing working relationships with clients

- Unit 4 Investigate a health and wellbeing issue

Unit 1: Principles of Health Improvement

Total Unit Time: 8 hours
Guided Learning: 8 hours
Unit Level: 2
Unit Number: T/502/7120

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Know how inequalities in health may develop and what the current policies are for addressing these,** *with reference to:*

   1.1 An example of health inequality, its effects and possible impact on local communities
   1.2 The factors leading to health inequalities
   1.3 The policies and methodologies for reducing inequalities in health

2. **Understand how effective communication can support health messages,** *with reference to:*

   2.1 The communication skills that are effective in communicating health messages
   2.2 The barriers to communication that may affect the understanding of health messages and strategies for overcoming these
   2.3 The role of effective communication in the promotion of health messages

3. **Know how to promote improvements in health and wellbeing to individuals,** *with reference to:*

   3.1 The western scientific model and World Health Organisation definitions
       of the term 'health and wellbeing'
   3.2 Positive and negative influences on health and wellbeing
   3.3 An example of an approach to the promotion of health and wellbeing
   3.4 Resources that can be used for promoting health and wellbeing
   3.5 How individuals can promote health and wellbeing

4. **Understand the impact of change on improving an individual's health and wellbeing,** *with reference to:*

   4.1 An example of behaviour change that can improve an individual's health and wellbeing
   4.2 How individuals can be encouraged to change their behaviour
   4.3 Positive and negative influences on behaviour change

Candidates successfully achieving this unit will have knowledge and understanding of facts, procedures and ideas around health improvement to complete well-defined tasks and address straight-forward problems. They will be able to interpret relevant information and ideas and will be aware of a range of information that is relevant to heath improvement.

1. Inequalities in health

1.1 *Examples of health inequalities:* information from sources such as joint strategic needs assessment data (JSNA), local health profiles, The Marmot Review (2010), The Marmot Review 10 Years On (2020), Public Health Outcomes Framework and Healthy Life Years (HLY); differences in various health indicators such as obesity, hypertension and heart disease, cancer; local public health priorities and how they are addressing inequalities with examples of positive outcomes.

1.2 *Factors leading to health inequalities:* effect of the wider determinants of health such as social class, gender, ethnicity, income, environment, age and education on health and life expectancy; use of national information to compare with geographical data to highlight these factors and the postcode lottery effect.

1.3 *Policies and methodologies for reducing inequalities in health:* broad aims of Government policies and examples of other public health policies such as the introduction of Clinical Commissioning Groups (CCG), 2013; introduction of Integrated Care Systems (ICS), 2018; NHS Long Term Plan (NHS England), 2019; formation of the Office for Health Improvement and Disparities (OHID), 2021; the origins and aims of Making Every Contact Count (MECC); National Institute for Health and Care Excellence (NICE) guidance (concept of NICE as a provider of guidance rather than specific examples); Methodologies such as asset based approaches; community-based approaches.

2. How effective communication can support health messages

2.1 *Methods of effective communication:* methods such as non-verbal, para-verbal, verbal and active listening; examples of these skills and their application; different types of questioning such as open, closed, leading and probing to encourage an open and frank exchange of views; examples of pacing and leading techniques; key elements of reflecting back: showing empathy and being non-judgemental, ensuring communication free from discrimination; consideration of individual's level of knowledge, cultural, religious and personal beliefs and circumstances.

2.2 *Barriers to communication*: barriers to communication such as level of knowledge, previous experiences and use of services, cultural, religious and personal beliefs and/or values, misinformation and disinformation, stigma; passive discrimination and judgemental language; impact of trauma and adverse childhood experiences; impact of mental health; strategies for overcoming these such as use of translators, simplification of terms and words, repetition, written or visual explanations as appropriate, presenting balanced information, checking understanding; use of smart technology such as apps.

2.3 *Role of effective communication in promoting lifestyle/behaviour changes:* how brief interventions and simple statements of fact about health and healthy lifestyles can be used to prompt individuals to consider and make changes to their lifestyle; examples of brief interventions, their construction and use; 'ask, assess, advise, assist'; use of signposting; checking knowledge and readiness to change; ensuring accuracy, currency, sufficiency and relevance of advice and information in ways which are appropriate to different people (e.g. culture, language or special needs).

3. Promote improvements in health and wellbeing

3.1 *Definitions of health and wellbeing:* definitions of health to include the Western Scientific Model and World Health Organisation definition; dimensions of health; current definitions used by health care professionals.

3.2 *Positive and negative influences on health and wellbeing*: effect of lifestyle, attitudes, smoking, diet, physical activity, alcohol intake and sexual behaviours on health; role of family and friends; availability and accessibility of services; peer behaviour and modelling; effects of community, environment and health inequalities; health on the high street; attitudes towards taking responsibility for own health and wellbeing.

3.3 *Approaches to promotion of health and wellbeing*: definitions of health promotion; approaches to health promotion such as behavioural change, educational approach and social change; strengthening individuals and communities; immunisation programmes; improving the environment; improving access to healthcare facilities and resources; encouraging a healthy public policy; the concept of health as everyone's business; MECC approach; NICE pathway for behaviour change; examples of approaches, incentives and rewards being used to improve public health.

3.4 *Resources*: sources of information and advice on health issues; advantages and disadvantages of information from different sources; resources for health improvement activities such as healthy eating, physical activity and self-care; health care centres and fitness centres; social prescribing and health coaching services; peer support groups; family hubs; local authority public health teams; local resources available for targeted local health needs; Better Health – Healthier Families, Every Mind Matters, Eatwell Guide, alcohol guidelines, physical activity recommendations, Five ways to wellbeing; NHS website; NHS Better Health campaign; Live Well.

3.5 *Role of individuals*: role of individuals in improving health and supporting local communities, identifying resources and ensuring their accessibility; examples of specific workers such as social prescribing link workers, health coaches, health champions and volunteers; importance of maintaining client confidentiality and methods for achieving this; building confidence and motivating clients to take responsibility for their own lifestyle choices through information and education; NICE guideline NG44 to "represent local needs and priorities" and take on peer and lay roles to reach marginalised and vulnerable groups; how to carry out peer interventions and reach individuals from same community or similar background.

4. Impact of change

4.1 *How behaviour change can improve an individual's health and wellbeing*: benefits to health and wellbeing, including mental health, of increasing physical activity, reducing alcohol intake, reducing/stopping smoking and changing diet; setting goals for physical activity and healthy eating; use of evidence from OHID local health profiles, JSNA or other sources regarding the success of different health improvement strategies.

4.2 *How individuals can be encouraged to change their behaviour*: different ways in which individuals can be encouraged to change their behaviour and be supported whilst doing so, such as how to motivate individuals, confidence building and self-efficacy; individual's perception of advantages and disadvantages of change and influence on decision making; simple cost-benefit analysis; awareness of the short, medium and longer-term consequences of health-related behaviour for themselves and others; positive benefits of health-enhancing behaviours; importance of planning changes in small steps over time; how social contexts and relationships may affect behaviour; planning for scenarios that will undermine positive changes; coping strategies to prevent relapse; setting and recording of SMART goals; benefits of sharing behaviour change goals with family and peers.

4.3 *Positive and negative influences on behaviour change*: the effect of an individual's attitude, values and beliefs on behaviour change; influence of peers; community and environment; social isolation; support networks; set-backs and lapses and how to support these; non-achievement; social norms; use of rewards; the effect of individual's capability and opportunities on motivation.

Mapping to National Occupational Standards

This unit maps to the following National Occupational Standards of Skills for Health:

- HT2 Communicate with individuals about promoting their health and wellbeing

- HT3 Enable individuals to change their behaviour to improve their own health and wellbeing

Mapping to Public Health Skills and Knowledge Framework

This unit maps to the following functions of the Public Health Knowledge and Skills Framework (PHSKF):

- **Area A: Technical – Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities A2**

  A2.1 Influence and strengthen community action by empowering communities through evidence-based approaches

  A2.3 Initiate and support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities

  A2.4 Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community

- **Area B: Context – Work with, and through, policies and strategies to improve health outcomes and reduce inequalities, B1**

  B1.1 Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

  B1.3 Develop and/or implement action plans with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies

- **Area C: Delivery – Communicate with others to improve health outcomes and reduce health inequalities, C2**

  C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods

  C2.3 Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies

  C2.4 Apply the principles of social marketing, and/or behavioural theory, to reach specific groups and communities with enabling information and ideas

Mapping to Make Every Contact Count (MECC)

This unit maps to Level 1 of the MECC guidelines* which cover Knowledge:

Level 1

1.1   Recognise public health is everyone's business

1.2   Ensure your own actions support the care, protection and wellbeing of individuals

1.3   Start a healthy conversation with an individual about their health behaviours and/or lifestyle

1.4   Support individuals to make informed choices about their health and lifestyle

1.5   Support and enable individuals to access appropriate information to manage their health behaviours and self-care needs

1.6   Provide opportunistic brief interventions

*Based on the Kent, Sussex and Surrey model of MECC

Assessment

The knowledge and understanding of the candidates will be assessed by a multiple-choice examination. The examination is provided by RSPH and consists of 30 questions. A candidate who is able to satisfy the learning outcomes will **achieve** a score of at least 20 out of 30 in the examination. Strong performance in some areas of the qualification content may compensate for poorer performance in other areas. The duration of the examination is 45 minutes.

Suggested Reading

Cragg L., Davies M. and Macdowall W. (eds) (2013) *Health Promotion Theory*. [2nd ed]. Maidenhead, Berkshire: McGraw Hill Education, Open University Press.

Corcoran, N (2013) *Communicating health: strategies for health promotion* [2nd ed]. London: SAGE.

The Data Protection Act 1998 http://www.dataprotection.gov.uk/dprhome.htm

Dixon, A. (2008) *Motivation and confidence: what does it take to change behaviour*? London: Kings Fund.

Ewles, L., Scriven, A., Simnett, I. (2010). *Promoting Health: A Practical Guide, [6th ed].* Oxford: Elsevier.

Knight, A. and McNaught, A. (2011) *Understanding Wellbeing: An Introduction for Students and Practitioners of Health and Social Care.* Banbury: Lantern.

Local Government Association (2013) *Money well spent? Assessing the cost effectiveness and return on investment of public health interventions.*

Mason, P & Butler, C. (2010) *Health Behaviour Change – A Guide for Practitioners [*2nd ed]. Oxford: Elsevier.

Naidoo, J. and Wills, J. (2016) *Foundations for Health Promotion* [4th ed]. Oxford: Elsevier.

Nutbeam, D.; Harris, E. and Wise, M. (2010) *Theory in a Nutshell: A Practical Guide to Health Promotion Theories* [3rd ed.]. Sydney: McGraw-Hill.

Rollnick S, Miller WR, Butler CC (2008), *Motivational Interviewing in Health Care.* Guildford Press.

Department of Health, Public Health England and NICE publications and papers

Alcohol Consumption: Advice on Low Risk Drinking August 2016.

Behaviour Change: Individual Approaches (NICE Guidelines PH49, 2014).

Childhood Obesity: A Plan for Action August 2016.

Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities (NICE guidelines NG44, 2016).

Exercise Referral Schemes (NICE Guidelines PH54, 2014).

Five Year Forward View October 2014.
Prevention and Lifestyle Behaviour Change: A Competence Framework (NHS Yorkshire and The Humber).

Healthy Lives, Healthy People: Update and Way Forward, July 2011.

Public Health Outcomes Framework 2016-2019.

Fit for the Future: Public Health People: A Review of the Public Health Workforce, May 2016.

Useful Websites

http://www.altogetherbetter.org.uk/home.aspx
https://www.england.nhs.uk/ourwork/futurenhs/
https://www.gov.uk/government/organisations/public-health-england

https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
http://www.kingsfund.org.uk/sites/files/kf/field/field_document/motivation-confidence-health-behavious-kicking-bad-habits-supporting-papers-anna-dixon.pdf
http://www.local.gov.uk/documents/10180/11493/Money+well+spent
http://www.makingeverycontactcount.co.uk/
http://www.makingeverycontactcount.co.uk/docs/Prevention%20and%20Lifestyle%20Behaviour%20Change%20A%20Competence%20Framework.pdf
http://www.nhs.uk/pages/home.aspx
https://www.nhs.uk/oneyou#uccpWG5aK5FjvbXI.97
http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx
https://www.nice.org.uk/sharedlearning/making-every-contact-count-implementing-nice-behaviour-change-guidance
https://www.nice.org.uk/Guidance/PH6
https://www.nice.org.uk/guidance/NG44

Unit 2: Understanding Mental Health and Wellbeing

Total Unit Time: 12 hours
Guided Learning: 8 hours
Unit Level: 2
Unit Number: F/615/2910

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Understand own attitudes and beliefs about mental health and wellbeing,** *by being able to meet the following assessment criteria:*

   1.1   Assess own beliefs about mental illness
   1.2   Assess own level of awareness about mental health and wellbeing
   1.3   Outline the impact that negative attitudes and behaviours of others may have on the mental health and wellbeing of individuals

2. **Know how the theoretical models used to describe mental health and wellbeing are applied,** *by being able to meet the following assessment criteria:*

   2.1   Outline the theoretical models that are used to describe mental health and wellbeing
   2.2   Describe how the theoretical models are applied
   2.3   Describe the main features of the following mental health conditions:
   - Anxiety
   - Depression
   - Bipolar disorder
   - Schizophrenia

3. **Understand how mental health and wellbeing can be improved,** *by being able to meet the following assessment criteria:*

   3.1   Describe how environmental, social and emotional/cognitive factors can impact on and protect mental health and wellbeing
   3.2   Identify the 'Five Ways to Wellbeing'

4. **Identify opportunities to improve the mental health and wellbeing of individuals and populations,** *by being able to meet the following assessment criteria:*

   4.1   Outline a framework to develop a personal action plan to improve mental health and wellbeing
   4.2   Outline actions to include in a plan to improve mental health and wellbeing within an organisation or community

Indicative Content

1. **Understand own attitudes and beliefs about mental health and wellbeing**

   1.1 *Own beliefs about mental illness:* assess own beliefs; feelings, prejudices and preconceptions about the prevalence and nature of diagnosed and undiagnosed mental health conditions.

   1.2 *Level of awareness about mental health and wellbeing:* assess own level of awareness; theoretical understanding, social, physical, emotional, spiritual, intellectual and environmental aspects of mental health and wellbeing, learner ambitions for further knowledge.

   1.3 *Impact that negative attitudes and behaviours of others may have on the mental health and wellbeing of individuals:* impact; shame, blame, secrecy, isolation, social exclusion, discrimination, stigma.

2. **Know how the theoretical models used to describe mental health and wellbeing are applied**

   2.1 *Theoretical models that are used to describe mental health and wellbeing:* outline the main points of the *Single Continuum Model, Dual continuum (Activation/Pleasure) Model* and the New Economic Foundation's *Dynamic Model of Mental Wellbeing;* main differences between different models.

   2.2 *How the theoretical models are applied:* application of the three models; main differences in application.

   2.3 *Main features of mental health conditions:* main features of anxiety, depression, bipolar disorder and schizophrenia; observable signs and characteristics.

3. **Understand how mental health and wellbeing can be improved**

3.1 *How environmental, social and emotional/cognitive factors can protect mental health and wellbeing:* examples and use in improving wellbeing:

- **Environmental determinants** structural factors and features of the natural and built environment, such as personal and community safety, green spaces, community facilities, housing, transport, may enhance community capacity for wellbeing;
- **Social determinants** norms, networks and distribution of resources; wider relationships such as work, school, colleges, business, social networks; beneficial effect of a supportive community, social inclusion and social capital;
- **Emotional determinants** resources that buffer stress and/or determine outcomes and contribute to individual resilience, close relationships such as parents and parenting, family, friends, neighbours, social wellbeing, integration, belonging, inter-generational dependence, community networks/hubs.

How social and emotional capital can strengthen the mental health and wellbeing of individuals and act as protective factors such as through encouragement, support, sharing and inclusion.

3.2 *Five ways to wellbeing:* outline and application of the following strategies to improve wellbeing:

- **Connect** with the people around you, with family and friends, colleagues and neighbours, at home, work, school and in the community;
- **Be active** – go for a walk or run, cycle, garden, dance;
- **Take notice** – be aware of the world around you and what you are feeling;
- **Keep learning** – try something new, rediscover an old interest, take on new responsibilities;
- **Give** – do things for other people, volunteer your time, join a community group.

4. **Identify opportunities to improve the mental health and wellbeing of individuals and populations**

4.1 *Framework to develop a personal action plan:* examples of frameworks such as setting and recording of individual goals; Five Ways to Wellbeing; readiness for change.

4.2 *Actions to include in plan to improve mental health and wellbeing within an organisation or community:* examples of actions which HR staff or councillors, for example, could implement to address the environmental, social and individual factors identified in 3.1 at a population level; relevant examples of own organisation's policies or community's approach to mental health and wellbeing.

Mapping to National Occupational Standards

This unit maps to the following National Occupational Standards of Skills for Health:

- SFHMH39 Enable individuals and families to identify factors affecting, and options for optimising, their mental health and wellbeing
- SFHMH62 Determine the concerns and priorities of individuals and families in relation to their mental health and mental health needs
- SFHMH77 Raise stakeholders' awareness of the value of leisure activities for people with mental health needs

Mapping to Public Mental Health Leadership and Workforce Development Skills Framework

This unit maps to the following functions of the Public Mental Health Leadership and Workforce Development Skills Framework.

1.1 Promote the value of mental health and wellbeing and the reduction of inequalities across settings and agencies

3.3 Enable communities to develop their capacity to advocate for mental health and wellbeing

4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it

Mapping to Public Health Skills and Knowledge Framework

This unit maps to the following functions of the Public Health Knowledge and Skills Framework (PHSKF):

- **Area A: Technical – Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities A2**

    A2.1 Influence and strengthen community action by empowering communities through evidence-based approaches

    A2.3 Initiate and support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities

- **AREA B: Context – Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities, B2**

    B2.5 Connect communities and groups and individuals to local resources and services that support their health and wellbeing

- **AREA C: Context – Provide leadership to drive improvement in health outcomes and the reduction of health inequalities, C1**

    C1.1 Act with integrity, consistency and purpose, and continue my own personal development

Assessment

Attainment of the Learning Outcomes will be assessed by completion of a learner workbook which covers each of the learning outcomes. The completed workbook will be assessed by the centre and assessment decisions will be scrutinised by RSPH.

The workbook is provided by RSPH and is available from Resources in the Centre area of the Qualifications section of the RSPH website (www.rsph.org.uk).

Centres can apply to RSPH for permission to develop their own workbooks or use an alternative assessment method, such as a portfolio of evidence or assignments. Alternative assessment methods or workbooks cannot be used without the prior written approval of RSPH.

Suggested Reading

Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation.

Five-Year Forward View for Mental Health, a report from the Mental Health Taskforce to NHS England, (2016).

Journal of Public Mental Health, Emerald Publishing.

No Health without Mental Health. HM Government (2011).

Mental Health Promotion and Prevention: The Economic Case. LSE, Centre for Mental and Institute of Psychiatry, Kings College (2011).

Implementing Mental Health Promotion, Barry M., Jenkins R., (2007) Oxford: Elsevier.

Mental health, resilience and inequalities. L Friedli (2009) World Health Organisation.

Useful Websites

https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
www.mind.org.uk
http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx
http://www.samaritans.org/
https://www.mentalhealth.org.uk/
https://www.time-to-change.org.uk/
http://mentalhealthforlife.org/
http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

Unit 3: Developing working relationships with clients

Total Unit Time: 8 hours
Guided Learning: 6 hours
Unit Level: 2
Unit reference number: H/615/2866

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Know how to develop and maintain working relationships with clients** *by being able to meet the following assessment criteria:*

    1.1   Outline how different communication skills can be used to develop and maintain working relationships with clients
    1.2   State methods for maintaining trust with clients
    1.3   Summarise good working practices that will help to develop and maintain working relationships with clients

2. **Know how to motivate and support clients to improve their health and wellbeing** *by being able to meet the following assessment criteria:*

    2.1   Outline methods that can be used to motivate clients to improve their health and wellbeing
    2.2   State the local services available to clients and how they can be used to support them

3. **Understand the role of support networks in improving the health and wellbeing of individuals** *by being able to meet the following assessment criteria:*

    3.1   State the benefits of support networks for improving health and wellbeing
    3.2   Outline how an individual could take advantage of support networks to improve their health and wellbeing
    3.3   Outline the negative influences of peers and the wider community on an individual's health and wellbeing

4. **Carry out effective communication with clients** *by being able to meet the following assessment criteria:*

    4.1   Use a range of communication skills to deliver a health and wellbeing message
    4.2   Vary the style of delivery to ensure it remains appropriate to the health and wellbeing message and individual
    4.3   Respond appropriately to questions and signpost opportunities to health improvement services.
    4.4   Ensure that the health and wellbeing message has been understood

Indicative content

1. Know how to develop and maintain working relationships with clients

    1.1   *Different communication skills:* active listening; verbal, para-verbal and non-verbal messages; showing empathy and being non-judgmental; tone of voice and sensitivity to individual's level of knowledge; using feedback to reflect and clarify client's meaning; taking responsibility for mistakes and being honest; courtesy; avoiding criticism; pacing and leading techniques; use of open, closed, leading and probing questions.

    1.2   *Methods for maintaining trust with clients:* professional boundaries, client confidentiality and its importance; reliability of information, values and ethics; accuracy, currency, sufficiency and relevance of advice and information; able to provide assurances around client identifiable data re: consent, data security and data sharing, compliance with organisational protocol and information governance legislation.

    1.3   *Good working practices:* honesty, boundaries, confidence to have a conversation; clear and tailored advice; avoiding jargon; use of technology where appropriate; not overpromising, pitching at correct level and appropriate pacing; being able to address the client's issues, adapting communication method; displaying knowledge of health and wellbeing; 'ask, assess, advise, assist'; consideration of the environment where conversations are held; building rapport by mirroring and matching; using client's name.

2. Know how to motivate and support clients to improve their health and wellbeing

    2.1   *Methods that can motivate clients*: enabling approach to building a relationship with a client: mutual respect, promoting equal status and giving clients a sense of self responsibility; facilitating development of confidence and skills, promoting choice; using models such as theory of planned behaviour and reasoned action model; awareness of the short, medium and longer-term consequences of health-related behaviour for themselves and others; highlighting how social context and relationships may influence behaviour; simple cost-benefits analysis; positive benefits of health-enhancing behaviours; planning changes in small steps over time; setting and recording of SMART goals; identifying rationale for change, triggers and coping strategies to prevent relapse.

2.2 *Local services available to clients and how they can be used to support them:* examples of local services such as food banks, health checks and screenings, mental health and counselling, dementia-friendly community; diet and exercise classes, Age UK, Men in Sheds, Green Gyms, volunteering schemes, health centres and sports centres; effect of the services on health and wellbeing; local incentives and rewards to motivate clients.

3. **Understand the role of support networks in improving the health and wellbeing of individuals**

3.1 *Benefits of support networks:* role of family, friends, work colleagues in assisting change; sharing experiences and involving in activities; providing encouragement and advice; mentoring and coaching; modelling behaviours and lifestyles.

3.2 *How to take advantages of support networks:* use of support networks to improve a range of client health issues such as social isolation; increasing motivation; giving more purpose and structure to client's lifestyle.

3.3 *Negative influences of peers and community:* Examples from the 'unhealthy high street' leading to unhealthy behaviours and choices; identifying peer pressure, how it affects behaviours and strategies for dealing with it; negative peer group behaviours such as eating takeaways or binge drinking; barriers to change, temptation and instant gratification.

4. **Carry out effective communication with clients**

4.1 *Range of communication skills:* communication skills such as organising the conversation; using language appropriate to the client and topic; using suitable non-verbal messages and responding to client's non-verbal messages; asking effective questions; active listening and reflecting back to check understanding; keeping the conversation going; being aware of client's culture and gender and how they influence beliefs.

4.2 *Vary the style of delivery:* style, pitch and pace of delivery is varied and remains appropriate to the subject and client; assertiveness is suitable; listening is engaged and attentive and responsive.

4.3 *Responding appropriately to questions during the exercise and signposting:* questions are responded to in an appropriate manner for the client and topic; opportunities are taken to signpost health improvement services during the conversation and information on referral pathways is accurate; boundaries of knowledge and expertise are not exceeded when responding to questions; paraphrasing to check understanding; admitting to not knowing the answer.

4.4 *Ensure that the health and wellbeing message is understood:* consideration of barriers to communication, such as culture, gender and

language; eye contact; proximity to individual during communication; addressing misunderstandings; repeating key messages, use of questions, summarising.

Mapping to National Occupational Standards

This unit maps to the following National Occupational Standards of Skills for Health:

- Communicate with individuals about promoting their health and wellbeing

- Enable individuals to change their behaviour to improve their own health and wellbeing

Mapping to Public Health Skills and Knowledge Framework

This unit maps to the following functions of the Public Health Knowledge and Skills Framework (PHSKF):

- **Area A: Technical – Measure, monitor and report population health and wellbeing; health needs; risks; inequalities; and use of services, A1**

  A1.4   Assess and manage risks associated with using and sharing data and information, data security and intellectual property

- **Area A: Technical – Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities, A2**

  A2.6   Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals

- **Area B: Context – Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities, B2**

  B2.5   Connect communities, groups and individuals to local resources and services that support their health and wellbeing

- **Area C: Delivery – Communicate with others to improve health outcomes and reduce health inequalities, C2**

  C2.3   Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies

Mapping to Make Every Contact Count (MECC)

This unit maps to Level 1 of the MECC guidelines* which cover Knowledge:

Level 1

1.1   Recognise public health is everyone's business

1.2   Ensure your own actions support the care, protection and wellbeing of individuals

1.3   Start a healthy conversation with an individual about their health behaviours and/or lifestyle

1.4   Support individuals to make informed choices about their health and lifestyle

1.5   Support and enable individuals to access appropriate information to manage their health behaviours and self-care needs

1.6   Provide opportunistic brief interventions

*Based on the Kent, Sussex and Surrey model of MECC

Assessment

Attainment of the Learning Outcomes will be assessed by completion of a learner workbook which covers each of the learning outcomes. The completed workbook will be assessed by the centre and assessment decisions will be scrutinised by RSPH.

The workbook is provided by RSPH and is available from Resources in the Centre area of the Qualifications section of the RSPH website (www.rsph.org.uk).

Centres can apply to RSPH for permission to develop their own workbooks or use an alternative assessment method such as a portfolio of evidence or assignments. Alternative assessment methods or workbooks cannot be used without the prior written approval of RSPH.

Unit 4:   Investigate a health and wellbeing issue

Total Unit Time: 10 hours
Guided Learning Hours: 4
Unit Level: 2
Unit Reference Number: K/615/2867

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Carry out preliminary procedures in order to investigate a health and wellbeing issue** *by being able to meet the following assessment criteria:*

   1.1   Research THREE sources of relevant local information to identify a health and wellbeing issue in the local area
   1.2   Justify selection of the health and wellbeing issue chosen for investigation

2. **Determine an approach at local level to reduce the harmful effect of the identified health and wellbeing issue on the local population** *by being able to meet the following assessment criteria:*

   2.1   Outline THREE measures that could be used to reduce the harmful effect of the health and wellbeing issue
   2.2   Explain how each of the measures would reduce the harmful effect of the health and wellbeing issue
   2.3   Explain how own role or service can assist in tackling the identified issue

3. **Present the findings of the investigation in an appropriate format to an audience** *by being able to meet the following assessment criteria:*

   3.1   Outline the main points of the investigation in a verbal presentation to an audience
   3.2   Reflect on the effectiveness of the investigation and presentation

Indicative content

1. Carry out preliminary procedures in order to investigate a health and wellbeing issue

    1.1   *Relevant local information*: information such as Joint Strategic Needs Assessment (JSNA) for the local area; Public Health England local health profiles; Office for National Statistics (ONS); local Clinical Commissioning Groups' (CCG) priority plans; dementia assessment and referral data (NHS England); questionnaires designed for colleagues or clients; discussions with the community and voluntary sector and local public health team; local websites and/or reading materials; limitations of data such as narrow focus on symptoms rather than wider causes of poor health; sources clearly identified and referenced.

    1.2   *Justification of the issue*: use of local data and statistics to highlight levels of poor health and wellbeing; prevalence of health and wellbeing issues in local community, incidence in comparison to national data; increased pressure on local budgets; impact of the health issue in the population such as A&E admissions, effect on levels of crime, teenage pregnancy rates, life expectancy and other indicators such as percentage of teenagers who smoke, alcohol usage, child obesity, drugs misuse, STI trends; falls prevention; social isolation; links to wider determinants of health such as housing, employment, education or marital status; personal experience.

2. Determine an approach at local level to reduce the harmful effect of the health and wellbeing issue in the local population

    2.1   *THREE measures to reduce the harmful effect of health and wellbeing issue*: measures such as promotion of nutritional guidelines as per the Eatwell Guide and Five a day; use of technology such as apps to improve awareness of health and wellbeing issues; encouraging peer and family support to reduce unhealthy behaviours; awareness of childhood immunisations; smoking clinics in local GPs to reduce smoking; use of Making Every Contact Count (MECC) approach by services.

    2.2   *How each of the measures would reduce the harmful effect of the health and wellbeing issue*: brief explanation of how each of the measures would improve the health and wellbeing of target group, based on evidence.

2.3 *Explain how your role/service could have a positive impact on the identified issue*: activities such as providing advice and leaflets on health and wellbeing; raising awareness of service; referring clients onto specialist health services; own organisation's policies, campaigns, partnerships and pilot schemes, and working practices.

3. Present the findings of the investigation in an appropriate format to an audience

3.1 *Verbally outline the main points of investigation*: presentation covers all the main points of the investigation systematically including reference to the THREE sources, with clear explanation of the health issue and possible measures to reduce its harmful effects; opportunities provided for audience to ask questions and challenge viewpoints, including limitations of interventions and what other factors need to be considered; response to questions is informative and appropriate to audience and health issue.

3.2 *Reflect on the effectiveness of investigation and presentation*: use feedback to consider strengths and weaknesses of investigation; relevance of issue to local context; suitability and likely success of measures; links to wider determinants of health; sustainability of approach; any further research required; mastery of brief; appropriate response to questions.

Mapping to National Occupational Standards

This unit maps to the following National Occupational Standards of Skills for Health:

- HT1 Make relationships with communities

- HT4 Manage and organise your own time and activities

Mapping to Public Health Skills and Knowledge Framework

This unit maps to the following functions of the Public Health Knowledge and Skills Framework (PHSKF):

- **Area A: Technical – Measure, monitor and report population health and wellbeing; health needs; risks; inequalities and use of services, A1**

  A1.1   Identify data needs and obtain, verify and organise that data and information

  A1.2   Interpret and present data and information

  Area A: Technical – Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities, A2

  A2.1   Influence and strengthen community action by empowering communities through evidence-based approaches

  A2.2   Advocate public health principles and action to protect and improve health and wellbeing

- **Area B: Context – Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities, B1**

  B1.1   Assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities
  B1.2   Develop and implement action plans with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies

- **Area C: Delivery – Communicate with others to improve health outcomes and reduce health inequalities, C2**

  C2.2   Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods

Assessment

Attainment of the Learning Outcomes for this unit will be assessed by a portfolio of evidence. The learner can submit evidence of their presentation and a reflective statement to demonstrate that they have: carried out preliminary procedures for an investigation; determined an approach at a local level to reduce its harmful effect; presented their findings verbally to an audience; reflected on the success of their investigation and their presentation. Evidence can include:

- Presentation: observation records, witness statements and/or feedback forms from peers and assessors and any other evidence such as photos, video or audio recordings, PowerPoint slides and/or hand-outs
- Reflection: reflective statement or diary or evidence of reflection in presentation Q&A

The portfolio should be assessed by the centre and then submitted to RSPH for scrutiny.

An assessor checklist is available from Resources in the Centre Area of the Qualifications section of the RSPH website (*www.rsph.org.uk*).

Useful websites

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, wellbeing and social care services within a local authority area.

http://digital.nhs.uk/jsna
Search for your local authority JSNA by searching JSNA + (Local Authority)
http://www.lewishamjsna.org.uk/
http://www.devonhealthandwellbeing.org.uk/jsna/about/
http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/home.aspx
http://fingertips.phe.org.uk/profile/health-profiles
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing
For local CCGs, search 'CCG priority plans + name of local area' e.g.
https://www.centralmanchesterccg.nhs.uk/our-plans-and-priorities
https://engage.dh.gov.uk/dementiachallenge/dementia-map/

Centre Guidance

Registration of Candidates

Candidates must be registered with RSPH and have a candidate number before any work can be submitted for external verification.

Candidate registration forms can be downloaded from the Centre Area of the Qualifications section of the RSPH website (www.rsph.org.uk).

Exemptions

Candidates who have achieved the following qualifications are exempt from Unit 1 Principles of Health Improvement:

RSPH Level 2 Award in Understanding Health Improvement (Ofqual No. 600/0592/0) from January 2014 to March 2017

RSPH Level 2 Award in Understanding Health Improvement (Ofqual No. 603/0655/5)

Evidence of prior certification must be provided by the centre when submitting the candidate's assessment evidence and can take the form of a copy of the certificate.

Summary of Assessment

Unit 1: Principles of health improvement is assessed by a multiple choice exam.

Unit 2: Mental health and wellbeing is assessed by a learner workbook which covers each of the learning outcomes.

Unit 3: Developing working relationships with clients is assessed by a learner workbook which covers each of the learning outcomes.

Unit 4: Investigate a health and wellbeing issue is assessed by a portfolio of evidence based on a presentation of the findings.

The completed workbooks will be assessed by the centre and assessment decisions will be externally verified by RSPH.

The portfolio and presentation will be assessed by the centre and externally verified by RSPH.

Learner workbooks for Units 2 and 3, as well as guidance for the Unit 4 presentation and candidate assessment summary form, are available from Resources in the Centre Area of the Qualifications section of the RSPH website (*www.rsph.org.uk*).

The workbooks are provided by RSPH but centres can apply to RSPH for permission to develop their own workbooks or to use an alternative assessment method such as written assignments or case studies. Alternative assessment methods or workbooks cannot be used without the prior written approval of RSPH.

Submission of completed candidate workbooks

Centres should follow the RSPH procedures for submitting internally assessed work for external verification. These can be found under Resources in the Centre Area of the Qualifications section of the RSPH website (www.rsph.org.uk). The workbooks can be obtained from Resources.

How to apply to offer this qualification

To become a centre approved to offer this qualification, please complete the 'Centre Application Form' which can be found on our website in the Qualifications and Training section. If you are already an approved centre, please complete the 'Add an Additional Qualification Form' which can be downloaded from the Centre area on the website www.rsph.org.uk   Please ensure that you include details of your quality assurance procedures. You will need to attach a CV to this application. Please contact the Qualifications Department at centreapproval@rsph.org.uk if you need any assistance.

Special Assessment Needs

Centres that have candidates with special assessment needs should consult RSPH's Reasonable Adjustments and Special Consideration Policy; this is available from RSPH and the website (www.rsph.org.uk).

Recommended Qualifications and Experience of Tutors and Assessors

RSPH would expect that tutors or facilitators have teaching experience and a Level 3 or above qualification in a relevant subject area. However, it will consider experienced practitioners who supervise staff in the workplace and who have appropriate background knowledge to deliver this qualification. Centres may require a team approach.

Assessors should be experienced practitioners and supervisors in a subject area relevant to the units assessed by learner workbooks and portfolio.

Centres must be registered with RSPH.

Progression

Learners who achieve the qualification can progress to the following qualifications:

> Level 3 Certificate in Health and Wellbeing Improvement

> Level 3 Diploma in Health and Wellbeing Improvement – Supporting Behaviour Change in Professional Practice

Other Information:

All RSPH specifications are subject to review. Any changes to the assessment or learning outcomes will be notified to Centres in advance of their introduction. To check the currency of this version of the specification, please contact the Qualifications Department or consult the RSPH website.

Centres must be registered with RSPH.

Any enquiries about this qualification should be made to:

The Qualifications Department,   Tel. 0207 265 7300
Royal Society for Public Health,   www.rsph.org.uk
John Snow House   Email: info@rsph.org.uk
59 Mansell Street,
London
E1 8AN