Governance Framework for Health Trainer Services: Management, Delivery and Evaluation

October 2014
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Introduction

The Royal Society for Public Health was commissioned by Health Education Wessex to develop a framework for the governance of health trainer services. Whilst the primary aim of this project was to produce a document for use within Wessex, it was also hoped that the content would prove useful for other services across the United Kingdom.

Health trainers have developed beyond their original design, now operating in a range of settings and in some cases, focusing on particular health issues, such as physical health or weight management. There is also increasing interest in utilising health trainers further in areas such as adult social care, early years and self-management. With a view to supporting services to meet the needs of such a broad range of clients within the context of a variety of settings, we have developed a governance framework which provides a checklist of recommendations and best practice standards for providers and host/partner organisations to consider and act on, without being prescriptive. This framework seeks to be a practical document and, therefore, has been divided into five standalone sections:

1. Recruitment
2. Induction and training
3. Service management
4. Service delivery
5. Evaluation

This framework builds on the South Central Health Trainer Quality Assurance Framework produced in 2009, and refreshed in 2013, which was developed primarily to assist commissioners along with providers in the development of the service. This governance framework, on the other hand, aims to be of use to providers of health trainer services, particularly those based within host/partner organisations, once the service is operational, to support provider organisations in taking responsibility for the quality and safety of health trainer staff, health trainer clients and the overall service delivered.
Section one: recruitment

This section identifies standards for the recruitment of health trainer service staff and volunteers.

Key outcome: policies and procedures have been devised for the recruitment of health trainer service staff and volunteers, which are appropriate for the setting in which they operate and comply with all legal requirements.

1. A recruitment strategy, which is appropriate for the role in question, has been agreed by all relevant parties.

   a) The position will be advertised in the appropriate location/s for the target applicants.

   b) An application process has been devised, which specifies:

      • The application format.
      • The method for submitting applications.
      • The questions to be included.

   c) A procedure for short-listing applications has been devised, which details the selection criteria to be used and the staff member/s responsible for the process.

   d) An interview process has been devised, which specifies:

      • Number of interviews to be used.
      • Interview content, such as the questions to be asked and whether an assessment component will be included.
      • The staff member/s responsible for the process.
      • The selection criteria to be used.

   e) The application and interview process are suitable for the target applicants, taking into consideration factors such as:

      • Language skills and levels of literacy.
      • Whether the applicants have any previous interview or employment experience.
      • Whether the applicants are under the age of 18 years old.
      • Access to computer facilities.
      • Whether recruiting for a voluntary position.
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<td>f)</td>
<td>A procedure is in place for making an offer of employment to the selected candidate, which includes the production of an offer letter detailing the position offered, the conditions of the offer and any action to be taken by the candidate.</td>
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<td>g)</td>
<td>A procedure is in place for informing applicants that their application has not been successful and for providing feedback on an individual's application.</td>
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<td>h)</td>
<td>A complaints procedure is in place.</td>
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<tr>
<td>i)</td>
<td>Where appropriate, for example if recruiting youth health champions, a procedure is in place for liaising with relevant third parties, such as parents or guardians.</td>
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<td>j)</td>
<td>Reasonable adjustments will be made to the recruitment procedure, where appropriate, for applicants with exceptional needs, e.g. disabilities.</td>
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<td>k)</td>
<td>A record will be kept of the decisions made in the recruitment process.</td>
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2. Up-to-date recruitment materials have been produced and are available to all relevant parties.

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<td>a)</td>
<td>All the appropriate recruitment materials are available, such as an application form, job description, person specification, short-listing criteria and interview questions.</td>
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<td>b)</td>
<td>A job description has been agreed, which clearly identifies the main tasks of the role, the boundaries of responsibility and the line management structure.</td>
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<td>c)</td>
<td>The person specification and selection criteria have been devised in accordance with the National Occupational Standards for Health Trainers.</td>
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<td>d)</td>
<td>Essential and desirable requirements for the role relating to experience, qualifications and skills such as literacy and numeracy have been identified.</td>
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<td>e)</td>
<td>The person specification takes into consideration the need for knowledge and understanding of the local area and local communities, and the need for particular language skills.</td>
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<td>f)</td>
<td>Health trainer service staff and volunteers specialising in particular health issues or particular settings have a clear understanding of their role and how it differs from that of non-specialist health trainers/champions.</td>
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1. Policies and procedures should ideally be developed in writing. However, in some instances, there may be agreed ways of working between staff which will be written up in due course.
3. The recruitment process complies with all legal requirements.

   a) In accordance with data protection principles, all personal data gathered during the recruitment process will be stored, handled and disposed of securely.

   b) The policies and procedures relating to recruitment comply with the employment equality legislation.

   c) A procedure for conducting all relevant checks is in place. These include checks of identity, qualifications, references, right to work in the United Kingdom and Disclosure and Barring Service checks.

   d) A policy is in place for the recruitment of offenders, which specifies the type of convictions barring an individual from work within the health trainer service.

4. Policies and procedures relating to the employment of staff and volunteers have been agreed by the relevant parties.

   a) Employment policies relating to the following areas are in place:

      - Hours of work.
      - Annual leave allocation.
      - Probationary and notice period.
      - Salary and expenses.
      - Health and safety.
      - Lone working procedures.
      - Code of conduct.
      - Pensions.
      - Requests for flexible working and/or job sharing.
b) These policies are in line with wider organisational policy and procedure.

c) Arrangements relating to public and employer liability insurance and indemnity are in place.

d) A policy is in place which establishes the opportunities for career progression within the health trainer service for all staff and volunteers.

e) If recruiting individuals under the age of 18 years old and/or individuals operating in a voluntary capacity, these policies are in line with the [legal requirements](#) for these groups.

5. Following the recruitment of a new employee or volunteer, procedures are in place for ensuring that all relevant documentation is completed and/or provided.

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<td>a)</td>
<td>Paid staff will be provided with a contract of employment.</td>
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<td>b)</td>
<td>Individuals operating in a voluntary capacity will be provided with a volunteering agreement.</td>
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<td>c)</td>
<td>As appropriate, trainee health trainers will be provided with a placement agreement.</td>
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### Section two: induction and training

This section identifies good practice for the induction and training of health trainer service staff and volunteers.

**Key outcome:** procedures for the induction and training of new health trainer service staff and volunteers have been agreed and implemented.

#### 1. All new health trainer service staff and volunteers will be provided with an induction.

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<td>a)</td>
<td>The induction will be delivered by an appropriate member of staff, who has the required qualifications, knowledge and experience.</td>
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<td>The induction will cover areas such as:</td>
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<td>• Terms and conditions of employment.</td>
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<td>• Policy and procedures relating to areas such as health and safety, safeguarding of clients, staff and volunteers and lone working.</td>
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<td>• Organisational and departmental procedures and processes.</td>
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<td>• Their individual roles and responsibilities.</td>
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<td>• Introduction to relevant members of staff.</td>
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<td>• Responding to emergency situations, e.g. if a client is suicidal.</td>
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<td>• First aid training.</td>
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<td>c)</td>
<td>The induction process will be tailored to take consideration of factors such as:</td>
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<td>• Whether the individual is a volunteer.</td>
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<td>• Whether the individual is under the age of 18.</td>
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<td>• Whether the individual has a disability.</td>
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<td>• Whether the individual is new to a workplace environment or is rejoining the workforce after a period of unemployment.</td>
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<td>• The level at which the individual will be working.</td>
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<td>• The location in which the individual will be working.</td>
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<td>• Whether the individual will be working with people under the age of 18 or vulnerable adults.</td>
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<td>d)</td>
<td>Appropriate induction resources have been produced and are available to all relevant parties, such as a copy of the safeguarding policy or a map of the fire exits and meeting points.</td>
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e) These resources will be regularly reviewed to ensure they are accurate and up-to-date.

f) A record will be kept of the induction process for all staff and volunteers.

2. A procedure is in place for ensuring that all new staff and volunteers have the requisite training and qualifications for their role, in accordance with the National Occupational Standards for Health Trainers.

a) All new staff and volunteers are provided with the required training and qualifications for their role. These may include the following:

Minimum professional qualifications and training:

- Royal Society for Public Health Level 2 Award in Understanding Health Improvement, or equivalent training (requirement for health champions).
- City & Guilds Level 3 Certificate for Health Trainers, or equivalent training (requirement for health trainers).

Recommended qualifications and training (according to setting and specialism):

- Royal Society for Public Health Level 2 Certificate for Youth Health Champions.
- Royal Society for Public Health Level 2 Award in Understanding Behaviour Change.
- Training in specific health issues, such as obesity, weight management, healthy eating, physical activity, smoking cessation, sexual health, substance misuse or mental health and wellbeing.
- Training for health trainers working with groups.
- Training in motivational interviewing.
- Making Every Contact Count, or equivalent brief intervention training.
- Training in delivering and interpreting the results of measurement procedures, such as taking a client’s blood pressure.
- Training in community engagement.
b) For the purposes of ensuring objectivity, the assessor for the Level 3 health trainer qualification should not be the same person as the health trainer’s placement supervisor.

c) A process is in place for trainee health trainers and health champions to complete the hours of supervised work required to fully qualify in their role.

d) A process is in place for health trainer service staff and volunteers new to a particular health trainer service to complete the required hours of supervised work.

e) The supervision will be conducted by a member of staff with the required level of knowledge and experience.

f) A record will be kept of all the training, supervision hours and qualifications completed by health trainer service staff and volunteers.

See Section three for information on continuing professional development.
**Section three: service management**

This section identifies standards for management structure, workplace policies and procedures for managing performance.

**Key outcome:** a clear management structure is in place with policies and procedures for the supervision and performance management of all health trainer service staff and volunteers.

1. A management structure is in place which is clearly understood by all health trainer service staff and volunteers.
   
   a) Within the management structure, all health trainer service staff and volunteers have a designated line manager and/or supervisor.
   
   b) As appropriate, health trainer service staff and volunteers have a designated mentor.
   
   c) There are clear lines of communication between managers, staff and volunteers. A list of contact details has been produced and is available to all relevant parties.

2. Clear policies and procedures relating to the supervision of staff and volunteers are in place.

   a) The regularity, purpose and style of supervision between line managers/supervisors/mentors and staff/volunteers has been agreed.
   
   b) A process for the periodic observation of the work of staff and volunteers by line managers/supervisors has been agreed.
   
   c) As part of the supervisory process, procedures are in place for ensuring that health trainer service staff and volunteers have the required skills for their client base. For example, ensuring they have the necessary language skills.
   
   d) As part of the supervisory process, procedures are in place for ensuring that health trainer service staff and volunteers do not operate beyond the boundaries of their responsibility or training.
   
   e) Procedures relating to the following are in place:
      
      - Setting staff objectives - developed in accordance with the National Occupational Standards for Health Trainers.
      - Staff appraisal - developed in accordance with the National Occupational Standards for Health Trainers.
      - Disciplinary procedures.
      - Grievance procedures.
f) The level and type of supervision takes into consideration factors such as:
   • Whether the individual is a volunteer.
   • Whether the individual is under the age of 18.
   • Whether the individual is working with people under the age of 18 or vulnerable adults.
   • The level at which the individual works.
   • The location in which the individual works.
   • Whether the individual's work entails lone working.

g) Where appropriate, for example if working with youth health champions, there is a procedure for liaising with relevant third parties, such as parents or guardians.

h) A process is in place for assessing and, as appropriate, meeting staff and volunteer continuing professional development needs, such as the need for additional training.

i) A process is in place for the progression of health champions from the role of health champion to the role of health trainer. This process includes assessing the recruitment needs of the health trainer service, assessing the individual’s suitability for the role and ensuring the individual completes the required training and qualifications.

j) Policies and procedures are in place for protecting and promoting the health and wellbeing of all staff and volunteers. This includes ensuring that staff and volunteers receive sufficient support in their role from supervisors and/or colleagues, for example through regular team meetings.

k) All supervision meetings, staff appraisals and disciplinary procedures will be appropriately recorded.

l) The documentation required for the effective supervision of staff and volunteers have been produced and are available to all relevant parties.

m) In accordance with data protection principles, all personal data is stored, handled and disposed of securely.

3. The method of updating commissioners with the progress of the service against identifiable goals has been agreed, including, for example, the use of review meetings.

4. A procedure is in place for receiving and managing complaints made by employees and volunteers of the health trainer service.
a) A procedure for receiving, investigating and responding to complaints made by staff and volunteers is in place, which is clearly understood by all staff and volunteers.

b) A procedure is in place for cases in which the line manager or supervisor is not the appropriate recipient of a complaint, for example, when they are the subject of the complaint.

5. A procedure is in place for receiving and managing complaints made by clients of the health trainer service or an appropriate third party, such as the parents or guardians of youth health champions.

a) A procedure for receiving, investigating and responding to complaints made by clients or appropriate third parties is in place, which is clearly understood by all relevant parties.

b) Procedures are in place for cases where the health trainer or health champion is not the appropriate recipient of a complaint, for example, when they are the subject of the complaint.

c) A policy is in place which clearly establishes what complaints are within the remit of the health trainer service.

6. Whistle-blowing procedures are in place, which are clearly understood by all staff and volunteers.

7. Safeguarding procedures, developed in consultation with all relevant parties, are in place for service users, staff and volunteers.

a) In collaboration with the appropriate parties, a procedure is in place for conducting a risk assessment. This risk assessment takes into consideration factors such as if the clients, staff or volunteers are under the age of 18 or are vulnerable adults.

b) A code of conduct has been devised for all employees and volunteers of the health trainer service.

c) A policy relating to lone working is in place.

d) All staff and volunteers receive the appropriate safeguarding training.

e) Procedures are in place for responding to concerns that an individual may be at risk, including, for example, the individuals and/or services that concerns should be passed on to. Informational resources which detail these procedures are available to all relevant parties.

f) The safeguarding policies and procedures are reviewed periodically to ensure that they are sufficient and up-to-date.
## Section four: Service Delivery

This section identifies standards for the delivery of the health trainer service.

**Key outcome:** Policies and procedures are in place for ensuring that all staff and volunteers are provided with the support and resources necessary for them to work effectively and in accordance with health trainer service processes as laid out in the Health Trainer Handbook and the National Occupational Standards for Health Trainers.

1. Procedures are in place for the self-referral of clients.
   
   a) Staff and volunteers have a clear understanding of the referral pathways and are provided with up-to-date informational resources on these pathways, for example in the form of a diagram or flow chart.
   
   b) Up-to-date documentation, such as referral forms, have been produced and are available to all relevant parties.
   
   c) The health trainer service is advertised in the appropriate location/s and format for the target clients.

2. Procedures are in place for the signposting or referral of clients from other services and organisations.
   
   a) Staff and volunteers have a clear understanding of the referral pathways and are provided with up-to-date informational resources on these pathways.
   
   b) Up-to-date resources, such as referral forms, have been produced and are available to all relevant parties.
   
   c) For the purposes of referral, there are clear lines of communication between the health trainer service and the other services and organisations.
   
   d) A process is in place for updating the referring service or organisation with the client’s progress, in accordance with data protection principles and with the permission of the client.

3. The procedures and resources relating to the referral pathways are reviewed periodically to ensure they are accurate, up-to-date and in accordance with the National Occupational Standards for Health Trainers.

4. As required, a communications and marketing strategy will be put in place to increase awareness of the service amongst, for example, target clients, health and social care professionals and community organisations.
5. In the course of their work, all staff and volunteers operate in accordance with health trainer service processes as laid out in the Health Trainer Handbook and the National Occupation Standards for Health Trainers.

   a) Health trainer interventions, including lifestyle assessment, signposting to other services, creation of a personal health plan, progress reviews, one-to-one sessions and client sign off, are conducted in a consistent and systematic manner in line with health trainer service procedures and standards.

   b) A process is in place for health trainers and health champions to follow up with clients who do not attend scheduled appointments.

   c) Procedures are in place for managing client load in the event of staff absence or termination of employment.

   d) All staff and volunteers comply with the health trainer service procedures for record keeping and data collection.

   e) In accordance with HT1 of the National Occupational Standards for Health Trainers, staff and volunteers work to build relationships with the local community to better understand the needs of the local population, strengthen the referral pathways and develop community assets.

   f) An operational policy document will be produced which clearly outlines the procedures of the health trainer services, including the maximum number of meetings per clients, as well as the aims and objectives of the service.

   g) Staff and volunteers have access to up-to-date information, documentation and resources required to effectively carry out their roles, including:

      - Registration and assessment forms, referral forms and other relevant documentation.

      - Computer databases for monitoring data, such as the DCRS – Data Collection Reporting System (the system used to collect and report Health Trainer activity data) or a local equivalent.²

• Information on local services.

• Promotional materials for community outreach events.

• Mobile phone and computer facilities.

• Appropriate venues for client meetings. For example, a quiet location providing sufficient privacy for one-to-one meetings or a location with sufficient space to accommodate group meetings.

• Appropriate venues for health promoting events. For example, an easily accessible, community location providing sufficient space for a group event.

h) All personal information on service users is handled, stored and disposed of securely, in accordance with data protection principles.

i) Reasonable adjustments will be made, where appropriate, for clients with exceptional needs, e.g. physical disabilities.
### Section five: evaluation

This section identifies standards for the evaluation of health trainer services.

**Key outcome:** procedures are in place to ensure that the health trainer service is effectively evaluated

1. To evaluate the delivery of the health trainer service, a procedure is in place for collecting the views and experiences of the service users, staff and volunteers.

   a) Anonymous feedback forms have been produced and are available to all relevant parties.

   b) Where the use of feedback forms is not appropriate, an alternative will be provided, such as the opportunity to provide verbal feedback.

   c) A process is in place for the collection and analysis of the feedback forms, including which member/s of staff are responsible for the process and the format in which the analysis will be produced.

   d) The feedback received will be used to inform the work of the health trainer service and, where possible, action will be taken to address any concerns or issues raised.

2. Procedures are in place for evaluating the effectiveness of the health trainer service

   a) Using the data collected in the DCRS or a local equivalent, a process is in place for the production of evaluation reports analysing the outcomes of the health trainer service.

   b) A process is in place for requesting the permission of clients to conduct follow up surveys at particular intervals after client sign off.

   c) Permission forms have been produced and are available to all relevant parties.

   d) A procedure is in place for the collection of qualitative data, which specifies the types of methods to be used and the person responsible for the collection.

   e) In the interest of further developing the evidence base for the health trainer service, the evaluation reports produced will be widely disseminated.

   f) A procedure is in place for evaluating the health trainer service in accordance with the targets or aims set by commissioners.

   g) The evaluation reports will be used to inform the work of the health trainer service and where possible, the service will work to address any issues identified and build upon the areas identified as working well.

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3. The DCRS can be used by health trainer services across the UK and therefore, allows for the evaluation of the service on a national scale, thus strengthening the evidence base.
Glossary

- **Community assets**: The term “community assets” refers to the skills of local individuals, the supportive networks and organisations present within a community.

- **Health champions**: The role of a health champion is to provide brief advice on health issues, signpost to other services and organise health promoting events. Health champions have obtained a level 2 award in health improvement and generally, operate in a voluntary capacity. There may also be other volunteers operating within a health trainer service, who primarily focus on signposting or raising awareness of the service rather than providing brief advice.

- **Health trainers**: The role of a health trainer is to support clients, either on a one-to-one basis or in a group setting, and achieve behaviour change through the setting of specific goals in areas such as weight loss, healthy eating and smoking cessation. Health trainers have obtained the level 3 certificate for health trainers and are paid employees.

- **Vulnerable adult**: A vulnerable adult can be defined as an adult “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

Useful links


• **Disclosure and Barring Service** - [https://www.gov.uk/government/organisations/disclosure-and-barring-service](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

• **Information on employing young people** - [http://www.adviceguide.org.uk/england/work_e/work_young_people_e/young_people_and_employment.htm#h_what_work_can_you_do](http://www.adviceguide.org.uk/england/work_e/work_young_people_e/young_people_and_employment.htm#h_what_work_can_you_do)

• **Government website providing information on employment** - [https://www.gov.uk/browse/employing-people](https://www.gov.uk/browse/employing-people)


• **Health and safety at work** - [https://www.gov.uk/browse/employing-people/health-safety](https://www.gov.uk/browse/employing-people/health-safety)


• **Government information on disciplinary procedures, dismissing staff and whistle blowing procedures** - [https://www.gov.uk/browse/employing-people/dismissals-redundancies](https://www.gov.uk/browse/employing-people/dismissals-redundancies)


This framework was developed in consultation with health trainer services, health champion/volunteer initiatives and public health experts from across the UK; firstly, in order to identify the governance arrangements already in place and secondly, as part of a review process for the draft framework.

Contributors to the review process:

- Nurjahan Ali Arobi – Manager, Health Trainer Service, Bradford District Care Trust.
- Katie Carew-Robinson – Service Manager, Mytime Active.
- Audrey Chan – Health Trainer Service Coordinator, Leicester Parkwood Healthcare.
- Tina Clark – Healthy Lifestyle Service Manager, Public Health-People and Communities Directorate, North Somerset Council.
- Cheryl George – Senior Public Health Manager, Nottinghamshire County Council Public Health Team.
- Donalie Halstead – Senior Public Health Officer, Tri-borough Public Health Service, Westminster City Council.
- Ian Malcolm – Isle of Wight Health Trainer Service Administrator.
- Alia Nessa – Health Trainer Service Manager, Health for All Leeds.
- Alexia Ollivier – Coordinator, Health Trainer Service and CHAMPs, Cornwall Health Promotion Service.
- Mohammed Patel – Service Lead Healthy Lifestyles, Coventry Healthy Lifestyle Service.
- Graham Rushbrook – Development Adviser, RSPH and Director, RBE Associates.