

RSPH Level 3 Diploma in Health and Wellbeing Improvement – Supporting behaviour change in professional practice

May 2019

Guided Learning Hours (GLH) 213

Total Qualification Time (TQT) 454 hours

Ofqual Qualification Number 603/4693/0

Description

The objective of this qualification is to provide learners with the knowledge, understanding and skills to promote the health and wellbeing of individuals, groups and communities so that people can make improvements and changes to their lives by positive behaviour change or by adopting activities and practices that will have a positive effect on their physical and mental health and wellbeing. The qualification will enable learners to carry out conversations and consultations with individuals, groups and communities to help them to identify their priorities in relation to their health and wellbeing, and to support them in recognising those factors that might be affecting their health and wellbeing. It will also enable learners to support others to make changes with respect to improving their health, by exploring their readiness and commitment to change, and developing a client-led change or action plan.

The qualification includes how behaviour can affect physical and mental health, the theories and principles of behaviour change, the use of motivational techniques, the roles and responsibilities of people who support the health and wellbeing of others and how to conduct a motivational or enabling consultation.

This qualification is appropriate for individuals active in a number of roles such as: health trainers, care navigators, health and wellbeing advocates, social prescribing link workers, health mentors, health coaches, and wellbeing support workers, champions and connectors. It is also suitable for those working in a health champion or related role such as community workers, health advisors or in the wider public health workforce who are wishing to progress their career in this area.

The Diploma enables learners to apply the skills, knowledge and understanding developed from the Certificate and build up a portfolio of case studies and other evidence relating to their work with individuals and / or groups.

The qualification has been assigned a qualification purpose of D1. Confirm competence in an occupational role to the standards required.

**This qualification was developed with the help and support of Public Health
England.**

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Overview

The qualification consists of seven mandatory units:

- Unit 1 Principles of health improvement
- Unit 2 Supporting Behaviour Change
- Unit 3 The wider determinants of health and health inequality for individuals, communities and public policy
- Unit 4 Theories and principles of behaviour change
- Unit 5 Roles and responsibilities of people supporting health and wellbeing
- Unit 6 Conduct motivational consultations
- Unit 7 Professional practice

Unit 1: Principles of Health Improvement

Total Unit Time: 8 hours

Guided Learning Hours: 8

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 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 health improvement.

Indicative Content

1. Inequalities in health

- 1.1 *Example of health inequality:* Information from sources such as joint strategic needs assessment data (JSNA), local health profiles, The Marmot Review (2010), 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 team priorities and how they are addressing inequalities with examples of positive outcomes.
- 1.2 *The 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 *The policies and methodologies for reducing inequalities in health:* Broad aims of Government policies and examples of other public health policies such as Healthy Lives, Healthy People DH, 2010; Health and Social Care Act, DH, 2012; formation of Public Health England (PHE), 2013; Five Year Forward View (NHS England), Oct 2014; 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, experiences and use of services, cultural, religious and personal beliefs and/or values; 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; peer behaviour and modelling; effects of community and environment; 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 and physical activity; health care centres and fitness centres; local resources available for targeted local health needs; Change4Life, Eatwell Guide, alcohol guidelines, physical activity recommendations, Five ways to mental wellbeing; NHS Choices Live Well; NHS One You campaign.
- 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 health trainers, 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 PHE 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.

Assessment

The knowledge and understanding of the candidates will be assessed by a multiple-choice examination. The examination 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 may compensate for poorer performance in other areas.

The multiple choice examination is provided by RSPH. The duration of the examination is 45 minutes.

Unit 2: Supporting Behaviour Change

Total Unit time: 16 hours

Guided Learning Hours: 14

Unit Level: 2

Unit reference: T/616/9705

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Understand how to communicate effectively and build rapport with an individual, *with reference to:***
 - 1.1 Key elements of listening skills and their application to effective communication and rapport building
 - 1.2 Ways of checking whether an individual has understood a communication and how to address any misunderstandings
 - 1.3 Ways of agreeing an agenda for a behaviour change conversation with a client
 - 1.4 The importance of respecting and acknowledging an individual's priorities in relation to their health and wellbeing and their right to refuse advice and information
 - 1.5 What should be avoided in behaviour change conversations

2. **Understand what can impact on behaviour change and how to explore these factors with an individual, *with reference to:***
 - 2.1 Models of behaviour change
 - 2.2 Ways in which models of behaviour change can be used to support health behaviour change conversations
 - 2.3 Reflective and automatic motivation
 - 2.4 Barriers which can prevent behaviour change

3. **Understand how an individual can be supported in thinking about making a lifestyle or health behaviour change, *with reference to:***
 - 3.1 The key components of very brief interventions or brief interventions
 - 3.2 How to present information about what you or your service can provide and in ways appropriate to an individual's needs
 - 3.3 What Self-efficacy is and how to support a client to build their self-efficacy
 - 3.4 How Importance and Confidence scales can support behaviour change conversations

4. Understand how to support an individual to plan for a behaviour change, with reference to:

- 4.1 The components of a SMART goal and how to ensure that the goal is effective.
- 4.2 The ways of evaluating a SMART goal
- 4.3 The methods of assessing and monitoring an individual's current health behaviour
- 4.4 Why it is important to record information and review it before and after behaviour change.

Candidates successfully achieving this qualification will have knowledge and understanding of facts, procedures and ideas around supporting behaviour change 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 supporting behaviour change.

Indicative Content

1. Understand how to communicate effectively and build rapport with an individual

- 1.1 *Key elements of listening skills and their application to effective communication and rapport building:* Elements; open questions, affirmations, reflective listening and summarising. Application to effective communication and rapport building; engaging manner, listening to what the speaker means as well as what is being said, asking relevant open questions, making statements that acknowledge the individual's strengths, successes, and efforts to make a behaviour change, giving an account of what was heard in own words, seeking verification concerning accuracy, showing empathy and being non-judgmental.
- 1.2 *Checking whether an individual has understood a communication and how to address any misunderstandings:* Using reflections and allowing the individual to respond; observing body language and facial expressions; asking the individual and address misunderstandings.
- 1.3 *How to agree an agenda for a behaviour change conversation with a client:* Ask open questions to identify issues/problems individual would like to discuss, declare any additional items that were set prior to the meeting, agree with individual what the priorities and will be discussed at current meeting.
- 1.4 *The importance of respecting and acknowledging an individual's priorities in relation to their health and wellbeing and their right to refuse advice and information:* Why respect and acknowledgement is important; part of an enabling relationship, promotes choice, only way to achieve an effective outcome. Reasons why individuals may refuse advice and information; not ready to change, fear of failure, feeling of invulnerability; need to create opportunities for the individuals to revisit.
- 1.5 *What should be avoided in behaviour change conversations:* Arguing or correcting, providing unsolicited advice, confronting a client on failure to act, emphasizing client's feelings of powerlessness or lack of control, using own personal experiences.

2. Understand what can impact on behaviour change and how to explore these factors with an individual

- 2.1 *Different models of behaviour change:* Components of various models such as COM-B; Theory of Planned Behaviour; Theory of Reasoned Action; Health Belief Model.
- 2.2 *Ways in which models of behaviour change can be used to support health behaviour change conversations:* Any TWO from sharing with an individual to raising awareness of their motivation; exploring and building self-efficacy; exploring and building on feelings of control; discussing individuals' views on social norms and their impact; exploring the individual's habits and opportunities to make changes; exploring beliefs and attitudes to change; exploring enablers and opportunities; exploring capabilities to make changes; exploring process and possible outcomes including possibility of relapse.

2.3 *Reflective and Automatic motivation:* Reflective Motivation: Beliefs about what is good and bad, conscious intentions, decisions and plans; Automatic Motivation: Emotional responses, desires and habits resulting from associative learning and physiological states.

2.4 *Barriers which can prevent behaviour change:* Social determinants of health including peer network, family, education, access, equality, physical disability, caring commitments, money; desire to change more than one behaviour; triggers.

3. Understand how an individual can be supported in thinking about making a lifestyle or health behaviour change

3.1 *The key components of very brief interventions or brief interventions: very brief intervention:* Ask, Advise, Assist; permission should be obtained before advice is given and the individual asked about their existing knowledge of the topic; the intervention should be tailored to the needs of the individual; *brief intervention:* Ask, Advise, Assess, Assist; acquire permission, check existing knowledge and tailor advice to the needs of the individual; assess whether the individual is willing to make a behaviour change; assistance is tailored to the needs of the individual.

3.2 *Present information accurately about what you or your service can provide and in ways appropriate to an individual's needs:* Own level of expertise; whether referral/signposting reflects expressed need of individual; appropriateness of the service and taking into account the national Accessible Information Standard (AIS) guidelines.

3.3 *Identify what Self-efficacy is and how to support a client to build their self-efficacy:* Self-efficacy; a person's belief in their ability to succeed in specific situations or accomplish a task. How to support a client to build their self-efficacy; recognise similar or smaller achievements; explore the people and things that can help you make that change.

3.4 *Importance and confidence scales:* Can be used as a tool to either confirm a high level of confidence or to improve the score on the scale by exploring what would need to change for them to report a higher score, reflecting and highlighting personal strengths and goals and brainstorming solutions to any barriers.

4. Understand how to support an individual with a lifestyle or behaviour change implementation plan

4.1 *Components of a SMART goal and how to ensure it is effective:* Components: Specific, Measurable, Achievable, Realistic and Timed. Ensure that it is effective: the goal must not be too difficult or easy, short-term goals are more effective than long-term goals, rewards, clear actions defined, desired outcomes acknowledged, importance of ownership of the plan, if-then plans.

4.2 *Ways to evaluate a SMART goal:* Follow up conversation or appointment; assess whether the goal was SMART and how to adjust it and consider any barriers and facilitators; ensure that own responsibilities are fulfilled; plan a

follow-up meeting; determine whether further action by self is required; consider what incentives may be effective; consider agreeing a commitment contract.

- 4.3 *Method of assessing and monitoring an individual's current health behaviour.* Wellbeing scales, health behaviour questionnaire, behaviour change diary: such as smoking diary, alcohol diary, smoking diary, food diary or physical activity diary.
- 4.4 *Importance of recording information and reviewing it before and after behaviour change:* Before: Client can gain understanding of their behaviour, what triggers it and how it makes them feel; After: client can compare with before, if they have achieved their SMART goal and impact of change.

Assessment

The knowledge and understanding of the candidates will be assessed by a multiple-choice examination. The examination consists of 35 questions. A candidate who is able to satisfy the learning outcomes will **achieve** a score of at least 24 out of 35 in the examination. Strong performance in some areas of the qualification content may compensate for poorer performance in other area.

The multiple choice examination is provided by RSPH. The duration of the examination is 70 minutes

Unit 3 The wider determinants of health and health inequality for individuals, communities and public policy

Total Unit Time: 80 hours

Guided Learning Hours: 31

Unit Level: 3

Unit Number: D/617/6468

Summary of Learning Outcomes

To achieve this unit a candidate must:

- 1. Understand the wider determinants of health and the impact these can have at an individual and population level: *by being able to meet the following assessment criteria:***
 - 1.1 Explain how the wider determinants of health can have both a positive and negative impact on individuals and communities.
 - 1.2 Describe the impact of **TWO** determinants of health on health and wellbeing using **TWO** contrasting communities.
 - 1.3 Outline **TWO** local policies or strategies that aim to address the wider or social determinants of health
 - 1.4 Describe potential impacts of these **TWO** local health policies on individuals and communities.

- 2. Understand inequalities in health and how these impact on health and wellbeing: *by being able to meet the following assessment criteria:***
 - 2.1 Identify the ways in which health inequalities in the population are measured and monitored.
 - 2.2 Describe how health inequalities are recognised in **TWO** local policies.
 - 2.3 Explain the potential links between mental health, physical health and health inequalities
 - 2.4 Determine the extent to which local health inequalities impact on individuals and groups in your local area.

3. Understand the impact of behaviours on both physical and mental health and wellbeing: *by being able to meet the following assessment criteria:*

- 3.1 Explain the links between mental health and wellbeing and physical health
- 3.2 Identify evidence-based health messages for **FOUR** health behaviours relating to mental health and wellbeing and **FOUR** that relate to physical health
- 3.3 Explain how an approach such as the 5 ways to wellbeing can be used to improve an individual's mental health.
- 3.4 Determine the behaviour change interventions that are embedded within **TWO** local health improvement policies.
- 3.5 Identify access to local provision of services that support both physical health and mental health and wellbeing.

4. Understand a community development approach to implementing health and wellbeing interventions: *by being able to meet the following assessment criteria:*

- 4.1 Define the terminology used in community based interventions.
- 4.2 Explain a methodology that underpins a community development approach.
- 4.3 Explain how the principles of a local community based intervention has been put into practice.
- 4.4 Assess a community activity.

Indicative Content:

1. Understand the wider determinants of health and the impact these can have at an individual and population level

- 1.1 *How the wider determinants of health can have both a positive and negative impact on individuals and communities:* For example, the Dahlgren and Whitehead rainbow, the UCL unit for health equity, PHE definition of wider determinants of health; determinants such as the built and natural environment, work and the labour market, vulnerability, income, crime and education; how each of these can have a positive or negative effect on the health of the individual and population.
- 1.2 *Impact of **TWO** determinants of health using contrasting communities:* Determinants of health selected; impact of these determinants on health outcome in two communities explored and described; contrasting communities selected which describe difference in health outcome for example: affluent, disadvantaged, age, gender, education, cultural and ethnicity.
- 1.3 *Local policies or strategies that aim to address the wider or social determinants of health:* Outlines to include social or health determinants targeted, community targeted, aim of policy / strategy, methods for addressing the social / health determinant, how success would be measured.
- 1.4 *The impact of local health policies on individuals and communities:* Outline of policies selected, to include the individuals and communities targeted and aims of the policies; measurable effects of the policies, additional beneficial effects of implementing the policies and any unintended consequences.

2. Understand inequalities in health and how these impact on health and wellbeing

- 2.1 *How health inequalities are measured:* Infant mortality rates; life expectancy; and healthy life expectancy; public health outcomes framework (PHE)
- 2.2 *Local policies and initiatives:* Local policies and initiatives identified and relevant information obtained; progress and effectiveness of policies and initiatives assessed.
- 2.3 *Impact on individuals:* Links established between health inequalities and records of individuals / groups accessing service; links between mental health and wellbeing and outcomes in relation to physical health
- 2.4 *Impact of health inequalities on local communities:* Local use of statistical information and local / national government data; differences in health outcomes for different groups in the local community; distribution of local resources to address inequalities

3. Understand the impact of behaviours on both physical and mental health and wellbeing

- 3.1 *Links between mental health and wellbeing and physical health:* Interaction between mental health issues and physical health such as the interaction of stress, anxiety, disability, depression and isolation with blood pressure and diabetes.
- 3.2 *Evidence-based health messages:* Health behaviours and other issues for mental health and wellbeing such as use of social media, gambling, housing / accommodation, isolation, addiction, peer-pressure, being in poor physical health; health behaviours and other issues for physical health such as physical activity, diet, alcohol and tobacco intake; potential health outcomes such as coronary heart disease, stroke / hypertension, diabetes, respiratory conditions, obesity, sexual health, cancer; evidence-based health messages for each of the issues obtained and explained; reliable sources of information sourced to include web-sites, health information leaflets and apps that can be used to help raise the awareness of clients.
- 3.3 *How an approach such as the 5 ways to wellbeing can be used to improve an individual's mental health:* 5 ways to wellbeing described, examples of how these can be used to improve mental health and wellbeing.
- 3.4 *The behaviour change interventions which are embedded within local health improvement policies:* Appropriate local health improvement policies selected; behaviour change interventions identified from these policies; aims and objectives of interventions identified.
- 3.5 *Access to local provision of services that support physical health and mental health and wellbeing:* Local services identified; accessibility, opening times, transportation links to services determined.

4. Understand a community development approach to implementing Health and Wellbeing Interventions

- 4.1 *The terminology used in community based interventions:* Definition of the terms social capital, social exclusion and empowerment; application of these terms to health and wellbeing; use of appropriate examples in the health and wellbeing of local communities or groups.
- 4.2 *The methodology that underpins a community development approach:* Importance of sustainable and community driven approach; utilisation of strengths and potential within the community to help each other rather than relying exclusively on outside help; focus on assets rather than needs.
- 4.3 *How the principles of a local community based intervention has been put into practice:* Explanation of key assets (individuals, associations, institutions, physical assets and connections); examples of how the use of these assets within a local community has improved the health and wellbeing of that community.

- 4.4 *Community activities*: Aims and objectives of a community activity are explained, how the various elements of the activity are designed to meet these and how well they were met; what might be done differently for future related community activities.

Assessment

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Assignments
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed candidate work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, candidates must be able to demonstrate that they have achieved each of the learning outcomes.

Unit 4 Theories and principles of behaviour change

Total Unit Time: 80 hours

Guided Learning Hours: 31

Unit Level: 3

Unit Number: H/617/6469

Summary of Learning Outcomes

To achieve this unit a candidate must:

1. **Understand the behaviour change theories that underpin health improvement activities:** *by being able to meet the following assessment criteria:*
 - 1.1 Outline **TWO** different behaviour change models that can be applied to health and wellbeing.
 - 1.2 Explain how a named behaviour change model can be applied to an individual.
 - 1.3 Identify types of interventions used to support behaviour change.
 - 1.4 Explain with the use of examples how each of these interventions are applied in practice.

2. **Understand the principles of behaviour change techniques:** *by being able to meet the following assessment criteria:*
 - 2.1 Explain the fundamental principles of three different behaviour change techniques.
 - 2.2 State how behaviour change techniques can be used to sustain longer term behaviour change.
 - 2.3 Outline how communication skills can be used to support behaviour change in an individual.
 - 2.4 Explain how a practitioner's attitude, values and behaviour can impact on an individual's readiness to change.

3. **Understand how motivational techniques can enhance behaviour change interventions:** *by being able to meet the following assessment criteria:*
 - 3.1 Explain the fundamental principles of motivational techniques.
 - 3.2 Describe **TWO** motivational techniques that can support self-empowerment and decision making.
 - 3.3 Explain how the processes of motivational interviewing can support an individual to change their behaviour.
 - 3.4 Explain how effective and ineffective use of motivational techniques can impact on the behaviour change outcome.

4. **Understand how to motivate individual change in group settings:** *by being able to meet the following assessment criteria:*
 - 4.1 State the criteria that can be used to decide when to use group work for behaviour change.
 - 4.2 Describe the factors that would need to be taken into account to deliver a group session.
 - 4.3 Explain the factors to be considered when referring someone to a group.

- 4.4 Explain the methods that would be used to engage individuals to participate in the sessions.

Indicative content:

- 1. Understand the behaviour change theories that underpin health improvement activities:**
 - 1.1 *How TWO different behaviour change models can be applied to health and wellbeing:* Models such as social marketing, health belief model, nudge and shove theory, COM B model, transtheoretical model.
 - 1.2 *How a named behaviour change model can be applied to an individual:* Behaviour change model identified; factors that can influence an individual's readiness and ability to change such as knowledge, skills, opportunity, mental and physical health status; how these factors could be addressed; application of the model to the individual.
 - 1.3 *Range of interventions used to support behaviour change:* Very brief advice, brief advice, brief interventions and extended brief interventions; motivational techniques; examples of the use of these interventions.
 - 1.4 *How each of these interventions could be applied in practice:* Factors that determine use of interventions such as context, relationship, opportunistic or planned intervention, time available, individual's response, practitioner's role and knowledge. Referencing interventions outlined in 1.3.

- 2. Understand the principles of behaviour change techniques:**
 - 2.1 *Fundamental principles of behaviour change techniques:* Behaviour change techniques such as goal oriented techniques, reward and threat, knowledge and acquisition of skills; synergistic effect of behaviour change techniques used in combination; examples of application and effectiveness of different techniques.
 - 2.2 *How behaviour change techniques can be used to sustain longer term behaviour change:* Person centred goal setting, diary keeping, identifying coping strategies, lapse awareness and relapse prevention, rewards, use of self-help resources such as APPS and web-sites.
 - 2.3 *How communication skills can be used to support behaviour change in an individual:* Importance of verbal, non-verbal, para-verbal, open ended questions, affirmations, reflective listening, active listening (tone and pace), summarising; respecting and valuing the individual's views, importance of expressing empathy.
 - 2.4 *How a practitioner's attitude, values and behaviour can impact on an individuals' readiness to change:* Importance of a non-judgemental and person-centred approach; society's values with regard to alcohol, substance abuse, being overweight, obesity and smoking; need to demonstrate an understanding of the individual's situation; need for awareness of stigma, discrimination, and cultural differences; separation of personal and professional boundaries.

3. Understand how motivational techniques can enhance behaviour change interventions

- 3.1 *Fundamental principles of motivational techniques:* Framework for facilitating change: Engaging, building rapport - settling the person into a helpful conversation; focusing - agreeing with the person a direction for the conversation; evoking – elicits the person’s own reasons to change; planning - developing a change plan only when the person is ready to change.
- 3.2 *TWO motivational techniques that can support self-empowerment and decision making:* Decisional balance, exploring ambivalence, sustain talk, change table, use of scaling questions, “typical day” and agenda mapping application.
- 3.3 *The processes of motivational interviewing that can support an individual to change their behaviour:* The underlying ‘spirit’ of motivational interviewing; how motivational interviewing can help an individual to explore their readiness to change their health behaviour by use of the following principles: Working in *partnership*; *acceptance* of the clients situation and not judging their choices, *absolute worth* and potential of every individual, *autonomy* of the individual to make their own choices, *affirming* the individuals strengths and efforts; developing *accurate empathy* to show an active interest and working hard to understand the individuals position, showing *compassion* by promoting the individuals welfare and *evocation* which is the belief that individuals have within them what they need.
- 3.4 *How effective and ineffective use of motivational techniques can impact on the behaviour change outcome:* Gaining consent; respecting individual choices; creating a supportive environment; promoting ongoing rapport; demonstrating openness, knowledge, attitudes and beliefs; respect the person’s views and cultural perspectives; importance of confidentiality.

4. Understand how to motivate individual change in group settings

- 4.1 *Criteria that can be used to decide when to use group work for behaviour change:* Cost effectiveness, appropriateness for topic and audience, enhanced benefit of peer support, other provision, environment, venue and location appropriateness, accessibility, cultural issues, health and safety risk, group dynamics.
- 4.2 *Factors that would need to be taken into account to deliver a group session:* Aims and objectives, number and availability of trainers, leadership of the group, number and length of sessions, exit strategy, alignment with local health priorities; end point.
- 4.3 *Explain the factors to be considered when referring someone to a group:* Client preference, accessibility, personality, personal and cultural belief, client prior experience, appropriateness of intervention for the desired outcome.
- 4.4 *Methods that would be used to engage individuals to participate in the sessions:* Facilitation skills, importance of planning, training skills, reviewing, obtaining feedback and adapting to the needs of the group to ensure it is group centred and fit for purpose.

Assessment

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Assignments
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed candidate work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, candidates must be able to demonstrate that they have achieved each of the learning outcomes.

Unit 5 Roles and responsibilities of people supporting health and wellbeing

Total Unit Time: 80 hours

Guided Learning Hours: 31

Unit Level: 3

Unit Number: Y/617/6470

Summary of Learning Outcomes:

To achieve this unit a candidate must:

- 1. Understand the requirements for data protection:** *by being able to meet the following assessment criteria:*
 - 1.1 Explain the role and function of GDPR with respect to client confidentiality
 - 1.2 Explain the need to obtain consent before providing an intervention
 - 1.3 Explain the local service data sharing protocols

- 2. Understand the requirements for safeguarding:** *by being able to meet the following assessment criteria:*
 - 2.1 State what can constitute abuse
 - 2.2 Outline the reporting procedure if abuse is identified, disclosed or suspected
 - 2.3 Outline local procedures for supporting individuals who have been abused
 - 2.4 Determine the whistle-blowing policy of the organisation
 - 2.5 Outline responsibilities with regard to safeguarding as set out in current legislation.

- 3. Know the boundaries and responsibilities of the role and that of colleagues:** *by being able to meet the following assessment criteria:*
 - 3.1 Outline the scope and purpose of the role and that of colleagues
 - 3.2 Explain how standards of practice or codes of conduct support the practitioner in carrying out their role
 - 3.3 Outline the importance of supervision to the role of the practitioner

- 4. Understand how and why services are monitored and evaluated:** *by being able to meet the following assessment criteria:*
 - 4.1 Explain the importance of accurate record keeping
 - 4.2 Describe the quality monitoring criteria and processes that are in place in your organisation
 - 4.3 Describe how the effectiveness and impact of services and interventions are evaluated and reported
 - 4.4 Explain the difference in use between quantitative and qualitative data and information

Indicative content:

1 Understand the requirements for data protection

- 1.1 *The role and function of GDPR with respect to client confidentiality:* Outline of GDPR; data protection principles; rights of data subjects; enforcement and accountability; possible breaches of GDPR such as loss or theft of paperwork, data sent to the wrong person by email, data being posted or faxed to the wrong person; definition of sensitive personal data, examples such as data concerning health, genetic data, biometric data; need for 'explicit consent' with respect to the sensitive personal data subject; conditions for processing data role of the data protection officer within an organisation.
- 1.2 *Importance of obtaining consent before providing an intervention:* Local policies and procedures relating to consent obtained and explained; examples given of the circumstances under which consent would need to be obtained and the possible consequences if proceedings continued without consent being obtained.
- 1.3 *Local/service data sharing protocols:* Data sharing protocols obtained and explained, explanation for how these protocols are utilised nationally and locally.

2 Understand the requirements for safeguarding

- 2.1 *What constitutes abuse:* Types of abuse, to include verbal, physical, sexual, emotional and neglect; signs of abuse such as changes in normal attitudes or behaviours, bruises and scratches, nervousness, being withdrawn and reluctance to engage / participate.
- 2.2 *Reporting abuse:* Responsibility to report suspicions of abuse and comply with organisational procedures; reporting arrangements
- 2.3 *Local procedures for supporting individuals who have been abused:* Safeguarding and supporting procedures obtained, how local policies and procedures are designed to safeguard and support children and vulnerable adults; screening of staff and requirement for DBS checks; the six principles of safe-guarding (empowerment, prevention, proportionality, protection, partnership and accountability); staff training requirements for safeguarding; examples provided of how the protocols would be applied in a range of different circumstances such as with children or vulnerable adults.
- 2.4 *The whistle-blowing policy of the organisation:* Organisation's whistle-blowing policy obtained; protection provided by the policy; concerns that can be raised under the policy; confidentiality arrangements, who should concerns be notified to, advice and support, raising concerns with external bodies, criteria to be met for an individual to be covered by the whistle-blowing policy.
- 2.5 *Responsibilities with regard to safeguarding as set out in legislation:* Definition of safeguarding; requirements of Section 11 of the Children Act 2004; requirements of Safeguarding Vulnerable Groups Act 2006; agencies with a responsibility for safeguarding such as Disclosure and Barring Service (DBS),

police, local authority, NSPCC; responsibilities under the Health and Safety at Work etc Act 1974; provision of a safe working environment; responsibility to protect their own health and welfare; role of the Care Quality Commission.

3 Know the boundaries and responsibilities of the role and that of colleagues

- 3.1 *The scope and purpose of the role and that of colleagues:* Duties outlined in job description and contract of employment explained; practical application of duties to job role; limitations imposed by job description and contract to how the job role is performed are outlined.
- 3.2 *How standards of practice and codes of conduct can support the practitioner in carrying out their role:* Definition of professional standards; professional standards that apply to job role obtained and outlined; role of standards in safeguarding the employee and their clients explained; codes of conduct, organisational behaviours frameworks.
- 3.3 *The importance of supervision to the role of the practitioner:* Need for professional support, maintenance of case load, development of the individual, setting of clear goals and objectives, discussion of issues within professional practice

4 Understand how and why services are monitored and evaluated

- 4.1 *The importance of accurate record keeping:* Establishment of audit trails; record of actions taken, use in evaluating actions against outcomes; requirement for team working and transfer of clients between practitioners; maintaining contact with clients; importance in review of action plans; how to ensure accuracy of records.
- 4.2 *The quality monitoring criteria and processes that are in place in your organisation:* Organisation's criteria and processes obtained, compliance with the relevant inspectorate or regulating organisation determined, outline of internal and external quality assurance processes.
- 4.3 *How the effectiveness and impact of services and interventions are evaluated and reported:* Information and data required to determine service use, reach, access; data collection systems and protocol; performance monitoring and evaluation; client feedback and engagement in assessing service quality and performance; timely reporting to meet business requirements.
- 4.4 *Difference in use between quantitative and qualitative data and information:* How quantitative and qualitative data and information can be used to explain and illustrate issues, trends, results and outcomes differently; the suitability of different ways of presenting data; how data and information can be misrepresented or mis-interpreted; importance of presenting data and information appropriately.

Assessment

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed candidate work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, candidates must be able to demonstrate that they have achieved each of the learning outcomes.

Unit 6: Conduct motivational consultations

Total Unit Time: 80 hours

Guided Learning Hours: 48

Unit Level: 3

Unit Number: D/617/6471

Summary of Learning Outcomes:

To achieve this unit a candidate must:

- 1. Carry out initial consultations with individuals:** *by being able to meet the following assessment criteria:*
 - 1.1 Establish a positive environment to enable rapport to be built
 - 1.2 Explore with the individuals their understanding of the purpose of the consultation and gain their consent.
 - 1.3 Adopt a holistic approach to the individuals' situations
 - 1.4 Follow local arrangements and procedures for an initial consultation and provide assurances with respect to confidentiality.
 - 1.5 Describe the ethical tensions that might arise when carrying out consultations

- 2. Demonstrate how to support individuals to identify key priorities for their health and wellbeing:** *by being able to meet the following assessment criteria:*
 - 2.1 Determine the perception of individuals of their ability to make changes in their life
 - 2.2 Explore with the individuals the main influences on their choices, behaviours and decision making
 - 2.3 Use a person centred approach to provide information on **TWO** areas where the individuals wish to take action
 - 2.4 Support individuals to identify priorities for action or change and set SMART goals to achieve this

- 3. Demonstrate how to explore with individuals their readiness and commitment to take action or make changes:** *by being able to meet the following assessment criteria:*
 - 3.1 Enable individuals to explore their readiness to make changes or take action
 - 3.2 Enhance the motivation of individuals to take greater control of aspects of their life and / or behaviours
 - 3.3 Identify the barriers and facilitators of individuals to taking action
 - 3.4 Explain how resistance to change could be overcome
 - 3.5 Agree a course of action with individuals

4. **Carry out development of client-led action plans with individuals:** *by being able to meet the following assessment criteria:*
 - 4.1 Facilitate the development of joint action plans for individuals that use SMART objectives
 - 4.2 Explain how a session could be concluded
 - 4.3 Explain how individuals could be referred to other local services that will support their action plans

5. **Carry out action plan reviews with individuals:** *by being able to meet the following assessment criteria:*
 - 5.1 Review the progress of individuals against their goals
 - 5.2 Identify with individuals any lack of progress and the reasons for this
 - 5.3 Develop with individuals an approach for resuming progress
 - 5.4 Agree a revised action plan with individuals

Indicative content:

1. Carry out initial consultations with individuals

- 1.1 *Enable rapport to be built:* Supportive environment, demonstrate warmth, openness, empathy, respect for individual's knowledge, attitudes and beliefs; need for a confidential setting where not overheard or interrupted, time allocation, body language such as seating position and body position; verbal and non-verbal communication; consent for appointment.
- 1.2 *The individuals' understanding of the purpose of the consultation:* Reason for referral and individuals' understanding for meeting; use of an individual centred approach; need to explore individuals' health knowledge, attitudes and behaviour; agree mutual expectations for the consultation; ensure that the individuals are happy with the objectives and purpose of the consultation and understand that it is their choice whether they wish to continue.
- 1.3 *Holistic approach:* Consideration is given to the effect that issues other than behaviour may have on the individuals' health and wellbeing, such as housing, income / debt, welfare, mobility issues and occupation.
- 1.4 *Local arrangements and procedures for an initial consultation:* Length of session, number of sessions, means of keeping in touch (communication channels), time scales, agenda and responsibilities; importance of confidentiality.
- 1.5 *Ethical issues:* For example, the tensions of working with individuals in services and programmes designed to improve the health of populations and whole communities.

2. Demonstrate how to support individuals to identify key priorities for their health and wellbeing

- 2.1 *Ability to make changes:* Explored by use of open questions, affirmation, reflection and summarising; standardised health assessment tools used effectively to elicit required information.
- 2.2 *Influences on choices, behaviour and decision making:* Influences on an individual's choices determined; respect shown for individual's values, opinions and individual choice; acknowledgement that individual choices can impact on others such as passive smoking; importance of empathy; consideration of effect of personal circumstances on behaviour, such as housing, debt, mobility, occupation.
- 2.3 *Information on **TWO** areas where the individuals wish to take action:* Current knowledge and understanding of individuals established; two appropriate areas for action selected for the individual; permission obtained to provide health information in an accessible and appropriate format; feedback obtained on the information provided.
- 2.4 *Priority for action or change and SMART goals to achieve this:* Priority for action or change agreed with individuals; availability of support discussed, including support for any wider issues identified such as housing or debt; opportunities for

action or change determined and potential barriers identified; SMART goals agreed.

3. Demonstrate how to explore with individuals their readiness and commitment to take action or make changes

- 3.1 *Explore readiness to make changes or take action:* Readiness of individuals to take action or make changes explored by determining their confidence to act or achieve change; use of techniques such as decisional balance, readiness rulers and scaling questions.
- 3.2 *Enhance the motivation of individuals to take greater control over their behaviour:* Motivation of individuals to change enhanced by determining their own motivation, their reasons for wanting to change and what they regard as the benefits of changing their behaviour; self-efficacy and self-esteem; appropriate tools and approaches used.
- 3.3 *The barriers and facilitators to taking action:* Barriers and facilitators of individuals to act determined, including any wider issues such as housing, income, mobility and occupation; ambivalence explored and resolved; resistance to taking action determined and countered; importance of developing autonomy and supporting self-efficacy; discrepancies supported and developed.
- 3.4 *How resistance to change could be overcome:* Demonstrate empathy, listen and reflect back, 'roll' with resistance, do not challenge or try to persuade, seek to understand.
- 3.5 *Agree a course of action with individuals:* Consultation accurately summarised; agreed outcomes and course of action confirmed; wishes of individuals reinforced by reflecting back over the consultation.

4. Carry out development of client-led action plans with individuals

- 4.1 *Development of joint action plans that use SMART objectives:* Action plan agreed with individuals; SMART objectives incorporated into plan; coping strategies, sources of support and techniques to support behaviour change identified; appropriate support and resources selected.
- 4.2 *How to conclude a session:* Use of summarising skills; understanding of individual checked and confirmed.
- 4.3 *How individuals could be referred to other local support services:* Individuals assisted to navigate local services; individuals provided with information on local services, including where help could be obtained for any wider issues identified, and / or shown how to find information; understanding of difference between referral and signposting.

5. Carry out action plan reviews with individuals

- 5.1 *Review the progress of individuals against their goals:* Progress to date summarised, areas of success and building of self-efficacy identified, positive changes reinforced and rewarded.
- 5.2 *Identify any lack of progress:* Lack of progress agreed in a sensitive manner, reasons for lack of progress explored and agreed, individuals reassured that lapses and barriers are part of the process; factors beyond the control of the individuals identified.
- 5.3 *Developing an approach for resuming progress:* Views of individuals on what is achievable in present circumstances obtained; agreement with individuals to set more realistic goals and any further barriers to achieve goals such as cost and time constraints identified, potential help with achieving new goals discussed, such as wider support networks and techniques for preventing relapse; individuals refocussed and individuals are clear on what they have to do.
- 5.4 *Agree a revised action plan:* Clear steps for change established, change plan is SMART, plans agreed and confirmed with individuals, time scales and new review date agreed, plan communicated in an optimistic and positive fashion.

Assessment

This unit is assessed by the production of a report and a portfolio of evidence detailing **TWO** competent consultations, with associated change plans and a professional discussion with an assessor or mentor who should ensure that any areas not covered by the reports are explored.

Candidate work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, candidates must be able to demonstrate that they have achieved each of the learning outcomes.

Unit 7: Professional Practice

Total Unit Time: 110 hours

Guided Learning Hours: 50

Unit Level: 3

Unit Number: H/617/6472

Summary of Learning Outcomes:

To achieve this unit a candidate must:

- 1. Understand the impact of health inequalities in their area: *by being able to meet the following assessment criteria:***
 - 1.1 Identify a range of health inequalities in their area
 - 1.2 Determine the extent to which these health inequalities impact on individuals and groups referred to their practice / organisation
 - 1.3 Identify local policies and initiatives designed to address these health inequalities

- 2. Demonstrate the knowledge and skills that are required to work effectively with individuals and / or groups within the scope of their job role and responsibilities: *by being able to meet the following assessment criteria:***
 - 2.1 Carry out initial consultations with individuals and / or groups
 - 2.2 Support individuals and / or groups to identify key priorities for change
 - 2.3 Explore with individuals and / or groups their readiness and commitment to change
 - 2.4 Carry out development of joint change plans with individuals and / or groups
 - 2.5 Carry out a change plan review with individuals and / or groups
 - 2.6 Use a range of behaviour change and motivational techniques when working with individuals and / or groups in 2.1 – 2.5 above
 - 2.7 Use current credible and evidence based knowledge and information appropriately when working with individuals and / or groups

- 3. Carry out collaborative work activities with partner organisations: *by being able to meet the following assessment criteria:***
 - 3.1 Establish effective working relationships with partner organisations
 - 3.2 Determine the help and support that partner organisations can provide to individuals and groups
 - 3.3 Liaise with partner organisations to identify referral pathways for individuals and / or groups requiring support
 - 3.4 Liaise with partner organisations to refer individuals and / or groups to them in accordance with the individual's or group's change plan or in circumstances when limitations of the scope of the job role or service makes referral to other agencies and specialists appropriate.

- 4. Carry out personal development activities: by being able to meet the following assessment criteria:**
- 4.1 Agree continuing professional development activities and targets with line manager
 - 4.2 Obtain feedback from clients, managers and colleagues about own performance
 - 4.3 Document skills, knowledge and understanding developed as a result of reflective practice and activities for continuing professional development
 - 4.4 Evaluate own performance against agreed targets

Indicative content:

1. Understand the impact of health inequalities in your area

- 1.1 *Range of health inequalities:* Local health inequalities identified by use of statistical information and local / national government data.
- 1.2 *Impact on individuals:* Links established between health inequalities and records of individuals / groups accessing service; use of anonymised data and case studies.
- 1.3 *Local policies and initiatives:* Local policies and initiatives identified and relevant information obtained; progress and effectiveness of policies and initiatives assessed.

2. Demonstrate the knowledge and skills that are required to work effectively with individuals and / or groups within the scope of your job role and responsibilities

- 2.1 *Initial consultation:* A positive environment is established which enables the building of rapport; purpose of the consultation is established with the individual or group; a holistic approach is adopted with regards to the individual's / group's situation; local arrangements and procedures for an initial consultation with a group or individual are followed.
- 2.2 *Support an individual or group to identify key priorities for change:* An individual's or group's perception of their behaviour is determined; influences on an individual's or group's choices, behaviour and decision making are discussed and agreed; a person centred approach is used to provide information on positive behaviour changes; individuals and groups are supported to identify their own priorities for behaviour change.
- 2.3 *Explore with an individual and / or group their readiness and commitment to change:* Individual or group is enabled to explore their readiness to change; an individual's or group's motivation to take greater control of their behaviour is enhanced; barriers and facilitators to change are identified, strategies for overcoming any resistance to change are explained and explored; a course of action is agreed with the individual / group.

- 2.4 *Develop a joint change plan with an individual and / or group:* SMART objectives are used to agree a change plan with an individual or group, session with individual / group is concluded by the use of summarising; understanding of the individual / group is confirmed; referrals made as appropriate to local support services.
- 2.5 *Change plan review:* Progress of an individual or group against the goals of their agreed change plan is reviewed; any lack of progress with the change plan is identified with the individual / group and possible reasons for this discussed; approach(es) for resuming progress determined; revised/ new change plan is agreed.
- 2.6 *Behaviour change and motivational techniques:* A range of behaviour change and motivational techniques are employed when working effectively with individuals and / or groups.
- 2.7 *Current credible and evidence based knowledge and information:* Information and advice provided to individuals and groups is up to date and appropriate to the needs of the individual / group; information also obtained by cpd activities and working with partner organisations.

3. Carry out collaborative work activities with partner organisations

- 3.1 *Working relationships with partner organisations:* Key staff in partner organisations identified and working relationships established; relevant meetings with partner organisations attended; role with partner organisations determined; regular feedback obtained concerning quality of service provided to partner organisation by own organisation; partner organisation kept informed of activities.
- 3.2 *Help and support that partner organisations can provide to individuals and groups:* Role of partner organisations determined; aims and objectives of partner organisations; nature of organisation; relationship with own organisation; services offered to individuals and groups.
- 3.3 *Liaise with partner organisations to receive individuals and / or groups requiring support:* Information required from referral organisation concerning individuals and groups requiring support; importance of keeping referral organisation up to date with progress; maintaining confidentiality.
- 3.4 *Liaise with partner organisations to refer individuals and / or groups to them in accordance with the individual's change plan:* Relevant information provided to partner organisation, to include whether referral is part of the change plan or due to the requirements of the referred individual or group being outside the scope of practice; support required from partner organisation for individual or group clearly communicated; progress of individual or group with partner organisation monitored through regular case meetings; importance of confidentiality; issues with regards to safeguarding communicated to partner organisations.

4. Carry out personal development activities

- 4.1 *Continuing professional development activities and targets:* Requirement for continuing professional development (cpd) agreed with line manager; appropriate development opportunities identified; permission for attendance at cpd activities obtained from line manager; targets for review period agreed with line manager.
- 4.2 *Feedback from clients, managers and colleagues:* Formal and informal feedback obtained from clients, managers and colleagues concerning performance.
- 4.3 *Skills, knowledge and understanding developed:* Skills, knowledge and understanding developed as a result of cpd activities and reflective practice documented; effectiveness of cpd activities in personal development assessed.
- 4.4 *Evaluate own performance:* Own strengths and weaknesses identified with reference to line manager targets, cpd activities and feedback; areas for improvement identified and used to inform performance review with line manager; action plan for personal development produced.

Assessment

This unit is assessed by the production of case studies, a portfolio of evidence, assessor observations and professional discussions.

Case studies should be anonymised and sufficiently detailed to demonstrate the application of relevant knowledge and skills in the performance of the candidate's role. The scope of the case studies should include a wide range of individuals and / or groups to cover:

Individuals and / or groups that have

- started and successfully completed the 'service intervention specification'
- experienced a degree of success and achievement
- experienced a limited degree of success and achievement
- gone through a change plan review
- been referred to other services that are more appropriate to their needs
- different needs, issues and requirements.

A range of genders, ages and ethnicities should also be covered by the case studies. Candidates should present a minimum of **TWELVE** case studies.

Assessor observations should cover a session of consultations that will enable observation of the candidate with a number of clients.

Professional discussions should be held between the candidate and their assessor and should be informed by the case studies produced by the candidate. The discussion will enable the candidate to clarify and expand on any aspects of the case studies as required and the assessor should ensure that any areas not covered by the

reports are explored. Two discussions should be held, one after the production of approximately five case studies to enable any issues in the writing of the case studies to be addressed, and the second at the completion of the programme.

Portfolio of evidence will include evidence relating to all aspects of the unit, particularly any aspects of learning outcomes not covered by the case studies and professional discussion. This could include evidence relating to:

Local health inequalities

Records and commentaries on individuals and / or groups accessing the service

Local policies and initiatives.

Staff in partner organisations

Notes of meetings with partner organisations

The role of partner organisations

Liaison with partner organisations

Referral procedures and related documentation

Notes of discussions / meetings with line manager

Feedback and witness statements from clients, managers and colleagues

Attendance at events for promoting the organisation's services

Certificates of attendance at relevant conferences and training events

Reflections on skills learnt during cpd activities and effectiveness of these activities

Action plans for personal development.

Candidates are also free to include in their portfolio any additional evidence that demonstrates their knowledge, skills and competence in carrying out their professional activities.

Centre Guidance

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)

Candidates who have achieved the following qualifications are exempt from Unit 2 Supporting behaviour change:

- RSPH Level 2 Award in understanding behaviour change (health and wellbeing) (Ofqual No. 600/6614/3)
- RSPH Level 2 Award in supporting behaviour change (Ofqual No. 603/3149/5).

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.

In order to be eligible for an exemption for these units, the requisite qualification must have been achieved within **THREE** years of registering for the Level 3 Diploma.

Progression

Learners who achieve this qualification can progress to qualifications at Level 4 and above in the field of public health.

Recommended prior learning

There are no recommended prior learning requirements for this qualification.

Useful websites and Further reading

Information relating to useful web-sites and further reading that can support learners and centres is available in the Centre area of the RSPH web-site.

Special Assessment Needs

Centres that have candidates with special assessment needs should consult The Society's *Reasonable adjustments and special considerations* policy; this is available from The Society and The Society's web site (www.rsph.org.uk).

Mapping to National Occupational Standards

The qualification has been mapped to the following National Occupational Standards of Skills for Health:

SFHHT1 Make relationships with communities
SFHHT2 Communicate with individuals about promoting their health and wellbeing
SFHHT3 Enable individuals to change their behaviour to improve their own health and wellbeing
SFHHT4 Manage and organise your own time and activities
Public Health Skills and Knowledge Framework

Further details of these National Occupational Standards can be obtained from RSPH Qualifications.

How to apply to offer this qualification

To become an approved centre to offer this qualification, please complete the 'Centre Application Form' which can be found on our website. 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, including internal verification of centre-assessed work. You will need to attach a CV to this application. As this qualification is predominantly centre assessed, RSPH will need to approve the assessments that the centre will be using for each of the units, so these will need to be provided with the application.

Please contact the Qualifications Department at: centreapproval@rsph.org.uk if you need any assistance.

Submission of completed candidate assessment

Centres should follow the RSPH procedures for submitting internally assessed work for moderation. These can be found under **Resources** in the Centre Area of the Qualifications section of the RSPH website (www.rsph.org.uk).

Centres should ensure that the evidence submitted covers all of the learning outcomes and assessment criteria for each of the units in the qualification and that the evidence is suitable and sufficient to enable the moderator to judge whether or not the units have been achieved. Assessment procedure documents and candidate assessment summary forms for use with the centre-assessed units of this qualification are available in the Centre Area of the Qualifications section of the RSPH web-site (www.rsph.org.uk).

Evidence of internal quality assurance must be recorded, retained and made available to RSPH for the purposes of moderation.

Registration of Candidates

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

Recommended Qualifications and Experience of Tutors

The Society would expect that tutors have teaching experience and a qualification in a relevant subject area, as well as sufficient experience in the profession.

Centres must be registered with RSPH.

Contact Details

Any enquiries about this qualification should be made to:

The Qualifications Department,
Royal Society for Public Health,
John Snow House,
59 Mansell Street
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