

Level 3 Certificate for Health Trainers (7562)

Qualification handbook

500/5517/3



Supported by the Department of Health

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1 About this document

This document contains the information that centres need to offer the following Certificate:

Level 3 Certificate for Health Trainers (7562)

Qualification title	City & Guilds qualification number	QCA accreditation number(s)	Guided Learning Hours	Total QCF credit value
Level 3 Certificate for Health Trainers	7562	500/5517/3	70	15

This document includes details and guidance on:

- centre resource requirements
- candidate entry requirements
- information about links with, and progression to, other qualifications
- qualification standards and specifications
- assessment requirements
- recording forms.

2 About the qualification

2.1 Accreditation details

Accreditation details

This qualification is accredited by the Qualifications and Curriculum Authority at Level 3 of the QCF.

Qualifications and Credit Framework (QCF)

The QCF replaces the National Qualifications Framework (NQF) in England and Northern Ireland, and is intended to replace the regulated pillar within the Qualifications and Credit Framework for Wales (CQFW). It is also intended to align with the Scottish Credit and Qualifications Framework (SCQF).

The QCF provides a way of recognising achievement through the award of credit for units and qualifications. Units within the framework are allocated a:

- level to indicate the level of difficulty
- credit value to indicate the size of the unit. 10 hours of **learning time** = 1 credit value.

Learning time is a notional measure of the amount of time a typical candidate might be expected to take to complete all the learning relevant to achievement of the learning outcomes. It differs from Guided Learning Hours (GLH) which represent only those hours a tutor/trainer or facilitator are present and contributing to the learning process because it takes into account all learning relevant to the learning outcomes regardless of where, when and how it has taken place.

The QCF recognises learning by awarding credit each time a candidate successfully completes a unit. Candidates can accumulate and transfer credit achievement over time.

A unit is the smallest part of learning for which credit is awarded. Candidates can also gain credit for full qualifications.

For further information about the QCF, CQFW and the SCQF, please refer to the websites for each country listed at Appendix 1.

2 About the qualification

2.2 Aims of the qualification

The qualification's main aim is to provide candidates with the knowledge and skills to act as Health Trainers, focusing on communicating with individuals in their communities, in order to help them change their behaviour to improve their health and wellbeing and to raise their awareness of health inequalities.

Background

The Department of Health announced the new role of Health Trainers in the Choosing Health White Paper in 2004. Health Trainers are a new workforce to be recruited from the community and working in the NHS and other local organisations, including local authorities, businesses, the voluntary and community sector.

As part of the plan to reduce health inequalities, Health Trainers will encourage individuals to improve their own health and wellbeing.

They will have experience and understanding of what it means to live, or be part of, their community. The expectation is that their diversity, including age, ethnicity, race and gender will reflect the local area.

They may also be people working in the area who gain extra skills to be a Health Trainer as part of their existing role.

Health Trainers will begin work to help people to improve their health as the government initiative to tackle health inequalities starts to roll out nationally.

The development was initially targeted at the most disadvantaged areas with the highest health inequalities. Over time the Health Trainer service has spread to most Primary Care Trusts (PCTs) in England so that at the end of the March 2008, 126 PCTs reported that they had Health Trainer services either operational or in development. This represents 86% coverage of PCTs.

2 About the qualification

2.3 Value statement

The key purpose for those working in Health and Social Care settings has been identified by the Sector Skills Councils to be: 'to provide an integrated, ethical and inclusive service which meets agreed needs and outcomes of people requiring health/or social care'. Implicit in this statement is the core assumption that the human rights of these people will be safeguarded at all times.

This qualification links with and builds upon Health Care workforce development structures across the UK. The areas covered in the units of the Certificate are closely aligned to induction requirements, codes of conduct and practice and the 'NHS Knowledge and Skills Framework'.

The Certificate is built upon best practice in the training and development of people in the workplace.

2 About the qualification

2.4 Rules of combination

Accreditation unit reference	City & Guilds unit number	Unit title	Mandatory/ optional for full qualification	Credit value	Excluded combination of units (if any)
L/502/1212	Unit 301	Introduction to the roles and responsibilities of a Health Trainer	Mandatory	4	
R/502/1213	Unit 302	Establishing and developing relationships with communities while working as a Health Trainer	Mandatory	3	
F/205/1224	Unit 303	Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer	Mandatory	3	
L/502/1226	Unit 304	Enable individuals to change their behaviour to improve their health and wellbeing while working as a Health Trainer	Mandatory	5	

Certificates of unit credit

Certificates of unit credit (CUC) will be issued to candidates for each successfully completed unit, even if the full qualification is not attempted.

Candidates who do complete a full qualification will receive, in addition to their full certificate, a CUC for each unit achieved.

2 About the qualification

2.5 Sources of information and assistance

Related publications

City & Guilds also provides the following documents specifically for this qualification:

Publication	Available from
fast track approval forms/generic fast track approval form	www.cityandguilds.com

Other essential City & Guilds documents

There are other City & Guilds documents which contain general information on City & Guilds qualifications:

- **Providing City & Guilds qualifications – a guide to centre and qualification approval**
contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve ‘approved centre’ status, or to offer a particular qualification.
- **Ensuring quality**
contains updates on City & Guilds assessment and policy issues.
- **Centre toolkit**
contains additional information on *Providing City & Guilds qualifications*, in a CD-ROM, which links to the internet for access to the latest documents, reference materials and templates. The *Centre Toolkit* is sent to centres when they receive approved centre status. It is also available from to order at an additional cost.
- **Online catalogue/shop**
contains details of general regulations, registration and certification procedures and fees.
- **Guidance Update to Community & Society centres**
contains updates on centre management, records, assessment and verification.

For the latest updates on our publications and details of how to obtain them and other City & Guilds resources, please refer to the City & Guilds website.

City & Guilds websites

Website	Address	Purpose and content
City & Guilds main website	www.cityandguilds.com	This is the main website for finding out about the City & Guilds group, accessing qualification information and publications.
SmartScreen	www.smartscreen.co.uk	SmartScreen is the City & Guilds online learning support website. It gives registered subscribers access to qualification-specific support materials.

Contacting City & Guilds by e-mail

The following e-mail addresses give direct access to our Customer Relations team.

e-mail	Query types
<hr/> learnersupport@cityandguilds.com	<hr/> all learner enquiries, including <ul style="list-style-type: none">• requesting a replacement certificate• information about our qualification• finding a centre.
<hr/> centresupport@cityandguilds.com	<hr/> all centre enquiries
<hr/> walledgarden@cityandguilds.com	<hr/> all enquiries relating to the Walled Garden, including <ul style="list-style-type: none">• setting up an account• resetting passwords.

3 Candidate entry and progression

Candidate entry requirements

Candidates should not be entered for a qualification of the same type, content and level as that of a qualification they already hold.

It is the responsibility of the centre to ensure that candidates have the skills necessary to achieve the qualification. Whilst there are no formal prerequisites for entry to the qualification, centres must be aware that candidates will require some study and general communication skills in order to complete the assessment requirements. Some candidates may require further support in the development of these skills, but others may not yet be ready to enter onto a course of study leading to a qualification at Level 3.

Centres who have candidates with the appropriate knowledge and skills to complete the qualification, but who have special requirements, should obtain the City & Guilds publication 'Access to Assessment – Candidates with Particular Requirements'. This is available free of charge from Publications Sales (stock item code: EN-00-3333).

Please note that for funding purposes, candidates should not be entered for a qualification of the same type, content and level as that of a qualification they already hold. (Information on Funding is provided in Appendix 5.)

Age restrictions

This Level 3 qualification is suitable for all individuals over the age of 16.

Progression

The qualification provides knowledge and practical skills related to the Health Trainer role. On completion of the qualification candidates will have national recognition that they have met the full requirements of the Health Trainer role. In some areas individuals may progress into Senior Health Trainer roles, which some local organisations have developed, or other health improvement posts.

Some Health Trainers have already progressed into other posts with more responsibility (eg family support workers) or been offered progression into further education and training through foundation degrees, community development work (with NVQs at levels 3 and 4), or other health promotion related qualifications.

4 Centre requirements

4.1 Centre, qualification and fast track approval

Centres not yet approved by City & Guilds

To offer this qualification, new centres will need to gain both **centre and qualification approval**. Please refer to Appendix 2 for further information.

Existing City & Guilds centres

To offer this qualification, centres already approved to deliver City & Guilds qualifications will need to gain **qualification approval**. Please refer to Appendix 2 for further information.

Centres, anticipating the recording and use of evidence generated from interactions with individuals using a service, must gain their/advocates' informed consent. Subsequently, centres must ensure that an individual's right to privacy is not compromised by their willingness to be involved.

Centres already offering City & Guilds qualifications in this subject area

Centres already offering the Level 3 Certificate for Health Trainers, 3075 (NQF), are required to complete the Fast Track Form available on the dedicated webpage and return it to their national/regional City & Guilds office.

Other existing centres wishing to offer this qualification must use the **standard** Qualification Approval Process.

4 Centre requirements

4.2 Resource requirements

Site agreements

Centres must ensure that all sites clearly understand their roles, responsibilities, authorities and accountabilities. It would therefore be advisable for centres to have documented and signed (partnership) agreements with all assessment sites. The content of such agreements must be devised on an individual centre basis but consideration should be given to the inclusion of the following areas:

- centre membership requirements/criteria. By implication this might mean the rejection of some applicants where they cannot or will not meet the centre membership requirements. eg participating in assessment activities including attending standardisation meetings
- commitment to centre policies and practices eg policy for candidate appeals/complaints and access to fair assessment
- access to the workplace and protocols for peripatetic assessors
- responsibilities for establishing and communicating any issues concerning 'fit person' checks are required by the relevant regulator eg criminal records/POVA clearance checks. These are usually the responsibility of the employer but where centres are placing students in work places they will need to liaise closely with placement providers about this area. (The appropriate service regulator identifies and 'fit person' criteria, not the Awarding Body)
- responsibilities for ensuring that candidates are operating in a work place where the standards of practice fully support candidates to demonstrate their competence.

This list is not exhaustive but may assist centres in identifying areas which need an explicit statement of commitment for member assessment sites/satellites in order to avoid future problems.

Human resources

To meet the quality assurance criteria for this qualification, the centre must ensure that the following internal roles are undertaken:

- quality assurance co-ordinator
- trainer / tutor
- assessor
- internal verifier

Staff delivering the qualifications

All new teachers delivering publicly funded qualifications in the learning and skills sector (all post 16 education – including FE, adult and community learning, work-based learning, offender education) in England are now required to take qualifications which form part of the Qualified Teacher – Learning and Skills (QTLS) framework. City & Guilds offers a range of qualifications within the QTLS framework. Details are available on the QTLS pages of www.cityandguilds.com.

Centre staff may undertake more than one role eg tutor and assessor or internal verifier, but must never internally verify their own assessments.

Trainer / tutors must

- be occupationally knowledgeable in the area for which they are delivering training. This knowledge must be at least to the same level as the training being delivered.

- have credible experience of providing training.

Assessors and internal verifiers

While the Assessor/Verifier (A/V) units are valued as qualifications for centre staff, they are not currently a requirement for this qualification.

Assessors

Assessors are responsible for the planning, review and judgement of candidates' performance and knowledge evidence. They must satisfy the requirements for occupational expertise for this qualification as well as demonstrating expertise in competence based assessment.

Assessors must:

- be occupationally competent. This means that each assessor must be capable of carrying out the functions covered by the units they are assessing to the standard described within them, according to current sector practice. This experience should be credible and maintained through clearly demonstrable continuing learning and development.
- have knowledge of Health Trainers, the regulation, legislation and codes of practice (where applicable), at the time any assessment is taking place.
- be prepared to participate in assessment standardisation activities
- have a commitment to reflective practice.

Coordinating Assessors

It may be necessary to involve more than one assessor in order to cover the range of occupational competence required. Where this is the case it will be necessary to ensure that the whole assessment process is co-ordinated by one of the assessors involved in the process who will draw together all assessment decisions made by specialist assessors, and the contributions from expert witnesses across the whole qualification.

Expert witnesses

The use of Expert Witnesses is encouraged as a contribution to the assessment of evidence of candidates' competence.

The expert witness must:

- have a working knowledge of the units on which their expertise is based
- have experience and occupational competence for the units on which their expertise is based. This experience should be credible and clearly demonstrable through continuing learning and development.
- possess either any qualification in assessment of workplace performance, OR a professional work role which involves evaluating the everyday practice of staff

Internal Verifiers

The internal verifier is responsible for ensuring that the assessment process meets the assessment requirements and is fair and accurate.

Internal verifiers must:

- be occupationally knowledgeable in respect of the units they are going to verify prior to commencing the role. It is crucial that internal verifiers understand the nature and context of candidates' work and the legal and other implications of the assessment process
- have working knowledge of the range of Health Trainer settings, the regulation, legislation and codes of practice for the service (where applicable) and the requirements of national standards at the time any assessment is taking place
- occupy a position that gives them authority and resources to co-ordinate the work of assessors, provide authoritative advice, call meetings as appropriate, visit and observe

assessments and carry out all the other internal verification roles as defined by the relevant national occupational standard.

- organise and /or participate in standardisation activities.

Continuing professional development (CPD)

Centres are expected to support their staff in ensuring that their knowledge of the occupational area and of best practice in delivery, mentoring, training, assessment and verification remains current, and takes account of any national or legislative developments.

4 Centre requirements

4.3 Administration, registration and certification

QCF Technical Requirements

Centres must register with QCA to obtain access to the Learner Registration Service (LRS) in order to obtain the Unique Learner Number (ULN) and Learner Achievement Record (LAR) for their learners. Information on how to do this can be obtained from www.cityandguilds.com/QCFIT

Learners are awarded credit for the unit they have completed which is recorded on their QCF Learner Achievement Record (LAR). They may continue to accumulate credit towards a full qualification at a later date if they wish; provided it is within the timescales of accreditation for the particular qualification. The LAR also indicates to the learner how many more credits they need in order to achieve a full qualification and progression routes.

City & Guilds' administration

Full details of City & Guilds' administrative procedures for this qualification are provided in the *Online Catalogue*. This information includes details on:

- registration procedures
- enrolment numbers
- fees
- entry for examinations
- claiming certification.

Centres should be aware of time constraints regarding the registration and certification periods for the qualification, as specified in the City & Guilds *Online Catalogue*.

Centres should follow all administrative guidance carefully, particularly noting that fees, registration and certification end dates for the qualification are subject to change. The latest News is available on the website (www.cityandguilds.com).

Regulations for the conduct of examinations

Regulations for the conduct of examinations for online and written examinations are given in *Providing City & Guilds qualifications - a guide to centre and qualification approval* and in the *Online Catalogue*. Centres should ensure they are familiar with all requirements prior to offering assessments.

Retaining assessment records

Centres must retain copies of candidate assessment records for at least three years after certification.

Notification of results

After completion of assessment, candidates will receive, via their centre, a 'notification of candidate results', giving details of how they performed. It is not a certificate of achievement.

Certificates of unit credit (CUCs)

A certificate of unit credit records the successful completion of a unit. Centres can apply to City & Guilds for CUCs at any time after candidates have achieved a unit. They do not need to wait until the full programme of study has been completed.

Full certificates

Full certificates are only issued to candidates who have met the full requirements of the qualification, as described in section 2.4 Rules of combination.

4 Centre requirements

4.4 Quality assurance

This information is a summary of quality assurance requirements.

Providing City & Guilds qualifications and in the *Centre toolkit* provide full details and guidance on:

- internal quality assurance
- external quality assurance
- roles and responsibilities of quality assurance staff.

Internal quality assurance

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications.

Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance, and City & Guilds is responsible for external quality assurance.

National standards and rigorous quality assurance are maintained by the use of:

- internal (centre) quality assurance
- City & Guilds external verification.

To meet the quality assurance criteria for this qualification, the centre must ensure that the following internal roles are undertaken:

- quality assurance co-ordinator
- tutor
- assessor
- internal verifier
- examinations secretary.

Full details and guidance on the internal and external quality assurance requirements and procedures, are provided in *Providing City & Guilds qualifications* and in the *Centre toolkit* together with full details of the tasks, activities and responsibilities of quality assurance staff.

In order to fully support learners, centres are currently required to retain copies of learners' assessment and verification records for three years after certification.

External quality assurance

External quality assurance for the qualification will be provided by City & Guilds external verification process.

External verifiers are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External verification is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

To carry out their quality assurance role, external verifiers must have appropriate occupational and verifying knowledge and expertise. City & Guilds' external verifiers attend training and development

designed to keep them up-to-date, facilitate standardisation between verifiers and share good practice.

City & Guilds external verifiers use electronic report forms designed to provide an objective risk analysis of individual centre assessment and verification practice.

External verifiers:

The role of the external verifier is to:

- provide advice and support to centre staff
- ensure the quality and consistency of assessments within and between centres by the use of systematic sampling
- regularly visit centres to ensure they continue to meet the centre and qualification approval criteria
- provide feedback to centres and to City & Guilds.

5 Course design and delivery

5.1 Initial assessment and induction

Centres will need to make an initial assessment of each candidate prior to the start of their programme to ensure they are entered for an appropriate type and level of qualification.

The initial assessment should identify:

- any specific training needs the candidate has, and the support and guidance they may require when working towards their qualification. This is sometimes referred to as diagnostic testing.
- any units the candidate has already completed, or credit they have accumulated which is relevant to the qualification they are about to begin.

City & Guilds recommends that centres provide an induction programme to ensure the candidate fully understands the requirements of the qualification they will work towards, their responsibilities as a candidate, and the responsibilities of the centre. It may be helpful to record the information on a learning contract.

Further guidance about initial assessment and induction, as well as a learning contract that centres may use, are available in the *Centre toolkit*.

5 Course design and delivery

5.2 Recommended delivery strategies

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

Centres may design course programmes of study in any way that

- best meets the needs and capabilities of their candidates
- which satisfies the requirements of the qualification.

In particular, staff should consider the skills and knowledge related to the national occupational standards.

City & Guilds recommends that centres address the wider curriculum, where appropriate, when designing and delivering the course. Centres should also consider links to the National Occupational Standards, Key/Core Skills and other related qualifications. Relationship tables are provided in section 6 Relationships to other qualifications/National Occupational Standards to assist centres with the design and delivery of the qualification.

Centres may wish to include topics as part of the course programme which will not be assessed through the qualification.

5 Course design and delivery

5.3 Data protection, confidentiality and legal requirements

Data protection and confidentiality

Data protection and confidentiality must not be overlooked when planning the delivery of this qualification.

Centres offering this qualification may need to provide City & Guilds with personal data for staff and candidates. Guidance on data protection and the obligations of City & Guilds and centres are explained in *Providing City & Guilds qualifications*.

Protecting identity

It is extremely important to protect the identity of the individuals encountered by candidates in the work setting, eg customers, clients and patients.

Confidential information must not be included in candidate portfolios or assessment records. Confidential information should remain in its usual location, and a reference should be made to it in the portfolio or assessment records.

When recording evidence towards this qualification, candidates are expected in particular to protect the identity of children in their care, and that of the placement/workplace by disguising their names and that of the placement nursery.

Images of minors being used as evidence

If videos or photographs of minors (those under 18) are used as the medium to present evidence as part of the qualification, **both centre and candidate** have responsibilities for meeting child protection legislation.

It is the responsibility of the centre to inform the candidate of the

- need to obtain permission from the minor's parent/guardian prior to collecting the evidence
- reasons and restrictions for using photographs or video recordings as evidence
- period of time for which the photographs or video recordings may be kept
- obligation to keep photographs or video recordings secure from unauthorised access
- secure electronic storage requirements of photographs or video recordings
- associated child protection legislation.

5 Course design and delivery

5.4 Learning and support resources

City & Guilds provides the following resources for this qualification.

Resource	How to access
Improving Health: Changing behaviour. NHS Health Trainer Handbook.	www.cityandguilds.com
Qualification handbook	www.cityandguilds.com
Assessment resources	www.cityandguilds.com
Recording forms	www.cityandguilds.com

6 Relationships to other qualifications/National Occupational Standards

6.1 Links to National Occupational Standards/other qualifications

This qualification has connections to the Skills for Health National Occupational Standards for Health Trainers:

HT1 Make relationships with communities

HT2 Communicate with individuals about promoting their health and wellbeing

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

HT4 Manage and organise your own time and activities

Contacting the Sector Skills Council/Standards Setting Body

This level 3 qualification has received the support of the relevant Sector Skills Council (SSC) Skills for Health.

Skills for Health

Address	Head Office 2nd Floor Goldsmith House Broad Plain Bristol BS2 0JP
Telephone	0117 922 1155
Fax	0117 925 1800
e-mail	office@skillsforhealth.org.uk

7 Relationship to Key/Essential/Functional Skill (England, Wales and Northern Ireland)

This qualification includes opportunities to develop and practise many of the underlying skills and techniques described in Part A of the standard for each key skills qualification. Where candidates are working towards any key skills alongside this qualification they will need to be registered with City & Guilds for the key skills qualifications.

It should not be assumed that candidates will necessarily be competent in, or able to produce evidence for, the key skills at the same level as this qualification

The 'signposts' below identify the **potential** for key/essential/functional skills portfolio evidence gathering that can be naturally incorporated into the completion of each unit. Any key skills evidence needs to be separately assessed and must meet the relevant standard defined in the QCA document '*Key skills qualifications standards and guidance*'.

Unit number	Communication	Application of Number	Information Technology
301	C2.2,C3.2		ICT2.1 ,ICT3.1
302	C3.1b		
303	C3.1a,C3.2		
304	C3.1a,C3.3		IC2.1
Unit number	Problem Solving	Improving own learning and performance	Working With Others
301		LP2.2,LP2.3,LP3.2	
302			WO3.1
303			WO3.2
304	PS3.1, PS3.2, PS3.3		WO3.1,WO3.2,WO3.3

8 Relationships to Personal, Learning and Thinking Skills (PLTS)

Candidates taking this qualification will demonstrate PLTS in the following areas:

Unit number	Personal, Learning and Thinking Skills Areas					
	Independent enquirers	Creative thinkers	Reflective learners	Team workers	Self-managers	Effective participators
301	✓		✓		✓	
302					✓	
303	✓	✓		✓		✓
304	✓	✓		✓		✓

9 Relationships to the NHS Knowledge and Skills Framework

1 Communication	Level 1	Level 2	Level 3	Level 4
	Communicate with a limited number of people on day to day matters.	Communicate with a range of people on a range of matters.	Develop and maintain communication with people about difficult matters and/or about difficult situations.	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations.
301		√		
302		√		
303		√		
304		√		
2 Personal and people development	Level 1	Level 2	Level 3	Level 4
	Contribute to own personal development.	Develop own skills and knowledge and provide information to others to help their development.	Develop oneself and contribute to the development of others.	Develop oneself and others in areas of practice.
301		√		
302				
303		√		
304				
3 Health safety and security	Level 1	Level 2	Level 3	Level 4
	Assist in maintaining own and others' health safety and security	Monitor and maintain health safety and security of self and others	Promote, monitor and maintain best practice in health safety and security.	Maintain and develop an environment and culture that improves health safety and security.
301		√		
302				
303				

4 Service improvement	Level 1	Level 2	Level 3	Level 4
	Make changes in own practice and offer suggestions for improving services	Contribute to the improvement of services	Appraise interpret and apply suggestions , recommendation and directives to improve services.	Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
301				
302				
303				
304				
5 Quality	Level 1	Level 2	Level 3	Level 4
	Maintain the quality of own work.	Maintain quality in own work and encourage others to do so.	Contribute to improving quality.	Develop a culture that improves quality.
301	√			
302	√			
303				
304	√			
6 Equality and diversity	Level 1	Level 2	Level 3	Level 4
	Act in ways that support equality and value diversity.	Support equality and value diversity.	Promote equality and value diversity.	Develop a culture that promotes equality and values diversity.
301		√		
302		√		
303		√		
304		√		

10 Assessment

10.1 Summary of assessment requirements

For this qualification candidates will be required to complete the following assessments:

- a portfolio of evidence.

Accreditation of prior learning and experience (APEL)

Accreditation of Prior Learning (APL) and Accreditation of Prior Experience and Learning (APEL) recognise the contribution a person's previous experience could contribute to a qualification.

Some candidates for this qualification may have undertaken training in the past and will be experienced in the Health Trainers Services. All centres delivering the qualification should provide the opportunity for candidates' prior experience and learning (APEL) to be assessed and accredited as part of candidates' initial assessment.

If opportunities for APEL are identified it is important that a complete process of accreditation of prior experience and learning is undertaken by ensuring that:

- it covers relevant or appropriate experience from previous activities as well as accredited learning and qualifications
- it is incorporated into the assessment planning with details of how this will take place
- assessment methods or processes for accreditation of prior experience and learning are documented and made available to the external verifier
- the audit trail covers the whole process and methodology of Accreditation of Prior Experience and Learning
- the authenticity and currency of presented evidence is established by the assessor
- where observation or expert witness testimony is a unit assessment method requirement, this activity is undertaken after candidate registration for the qualification.

In considering the appropriateness of any single piece of evidence the following should be considered.

- Content – the degree to which the content of any previous accredited learning meets the requirements of the National Occupational Standards against which it is being presented as evidence.
- Comprehensiveness of Assessment – ensure that all the learning derived from the content has been assessed. If only a proportion has been assessed, then the learning for the 'non-tested' areas cannot be assumed.
- Level – the degree to which the level of learning offered and tested relates to that required by the Certificate in Health Trainers
- Performance and Knowledge – the degree to which the previous learning covered both performance and knowledge. Some learning will only have offered and tested the latter, in which case the Accreditation of Prior Learning can only cover the knowledge aspect. Performance will require further assessment. Although unlikely, the reverse (performance tested but not knowledge) could be true in which case knowledge and understanding would need further assessment.
- Model of learning – difficulties can arise in mapping learning gained from non-competence based learning programmes into competence-based models.
- Relevance of Context – the degree to which the context of the learning gained and assessed relates to the current context of candidates' work roles. If the context was different, assessors will need to satisfy themselves of candidates' ability to transfer the learning gained into the current setting.

- Currency – how recently the learning was gained. Candidates would need to demonstrate current knowledge and understanding of areas such as legislation, policy and practice etc, which may have changed since the previous learning programme was undertaken.
- Authenticity – how the ownership of the evidence is established to ensure it was generated by the candidate.

Simulation

Simulation can be used where it is not possible or it is inappropriate to gather evidence because of the lack of opportunity within their practice eg:

- where performance is critical but events occur infrequently and yet a high degree of confidence is needed that the candidate would act appropriately
- where performance is critical, happens frequently but where there is risk of harm to the candidate or service user in a real situation – for example dealing with aggressive situations
- where performance is critical, happens frequently but the presence of an assessor/observer would prevent the Health Trainer relationship developing – for example a service user may feel embarrassed about sharing their precise wishes and feelings

Where simulations are used they **must** replicate working activities in realistic workplace environments.

10 Assessment

10.2 Evidence requirements

Evidence requirements

This qualification should be assessed in a holistic manner and the evidence must be generated by the candidates from their normal work based activities.

Candidates must provide their assessor with evidence for **ALL** of the learning outcomes identified within each unit and those parts of the scope that are relevant to their workplace. Prior to commencing the qualification candidates should agree a plan with their assessor regarding the types of evidence that are to be used and which reflect any individual's special assessment requirements.

The evidence requirements for the Certificate for Health Trainers are not provided on a unit basis. They have been identified for application to the whole qualification and thereby give candidates and assessors greater discretion to select the most efficient and effective mix of assessment methods to be used which must include some observation.

The evidence must, at all times reflect the policies and procedures of the workplace(s) as informed by current legislation, the relevant service standards and Codes of Practice for the sector.

Performance evidence requirements

Competent performance will be evidenced from candidates' real work practice, some of which must be observed. Sufficient observations, combined with other types of evidence across the qualification, should be planned to allow the assessor to make a safe judgement of candidate competence. Product evidence is also likely to be significant in providing evidence for this qualification.

Regardless of the evidence source, assessment method and means of recording, the legal requirements and best practice in relation to maintaining the confidentiality and rights to dignity and privacy of the clients must be upheld.

Knowledge evidence requirements

Candidates must demonstrate application of the specified knowledge and understanding to their work practice. Most usually, knowledge and understanding will be apparent in candidates' performance evidence. If the assessor cannot positively infer the knowledge and understanding from candidates' work practice they should use an alternative method to elicit this which may include questioning, professional discussion, assignments etc. Assessors must retain records of questions and answers or the focus and outcomes of professional discussion.

Professional discussion, where used, must be conducted by candidates' assessors. It is most appropriately used in the Certificate for Health Trainers to elicit underpinning knowledge, gain explanations of how to deal with contingencies and can provide opportunities for candidates to clarify or expand on evidence presented in portfolios. Professional discussion must be included in candidates' assessment plans and thereby agreed in advance with candidates. The assessor should not use professional discussion merely to ask a set of prescribed knowledge questions.

A summary of the areas covered and the outcomes of the discussion must be recorded. If audio or visual recording is used it must be of a good enough quality to be clearly heard/seen. Tapes must be

referenced and marked to allow verifiers quick access to the evidence they have planned to sample. The evidence must be trackable and accessible.

Involving Service users

Individuals who receive or have received support from Health Trainers are uniquely placed to comment on the candidate's ability to provide support.

Service user views of the support received should be seen as a potentially valuable evidence source the assessment of the candidate's performance, alongside other sources of evidence.

Assessors, wherever possible, should plan to involve service users' views when gathering evidence of candidates' ability to meet specific learning outcomes whilst taking care to minimise the impact this could have on the relationship. Service user confidentiality must be safeguarded at all times and the sensitivity of the Health Trainer relationship acknowledged and respected. Informed consent must always be gained

Final judgement about the extent to which service user testimony will contribute to candidates' assessment will be made by the assessor

Range of assessment methods or evidence sources

In addition to observation, assessors will negotiate the most effective and appropriate mix of methods/evidence sources from the list below to ensure all requirements are met.

- **Direct observation** by an assessor is required as the primary source of evidence for the qualification.
- **Expert witnesses** may observe candidate practice and provide testimony for specific units which will have parity with assessor observation. If an assessor is unable to observe their candidate she/he will identify an expert witness in the workplace, who will provide testimony of the candidates work based performance.
- **Simulations** can be used where it is not possible or inappropriate to gather evidence because of the lack of opportunity within their practice.
- **Work products** can be any relevant products of candidates' own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.
- **Professional discussion** should be in the form of a planned and structured review of candidates' practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates' can evaluate their knowledge and practice across the qualification.
- **Candidate/ reflective accounts** describe candidates' actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates' can evaluate their knowledge and practice across the activities embedded in this qualification.
- **Questions** asked by assessors and answered by candidates' to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.
- **Witness testimonies:** these should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.
- **Projects/Assignments/APEL:** candidates may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used

- **Case studies** must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.

NB Confidential records must not to be included in candidates' portfolios but must be referred to in the assessment records.

10 Assessment

10.3 Recording forms)

Candidates and centres may decide to use a paper-based or electronic method of recording evidence.

City & Guilds endorses several ePortfolio systems. Further details are available at: www.cityandguilds.com/eportfolios.

City & Guilds has developed a set of *Recording forms* for this qualification, for new and existing centres to use as appropriate.

Although it is expected that new centres will use these forms, centres may devise or customise alternative forms, which must be approved for use by the external verifier, before they are used by candidates and assessors at the centre.

Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Candidate and centre details (Form HT 1)

Form used to record candidate and centre details and the units being assessed. This should be the first page of the candidate portfolio.

Contact details and signatures (Form HT 2)

Form used to record details and signatures of assessor(s) and internal verifier(s).

Skill audit (Form HT 3)

Form used to record the candidate's existing skills and knowledge.

Expert/witness status list (Form HT 4)

Form used to record the details of all those who have witnessed candidate evidence.

Assessment plan, review and feedback form (Form HT 5)

Form used to record unit assessment plans, reviews and feedback to the candidate. The form allows for a dated, ongoing record to be developed.

Performance evidence record (Form HT 6)

Form used to record details of activities observed, witnessed or for which a reflective account has been produced.

Questioning record (Form HT 7)

Form used to record the focus of, and responses to, assessor devised questions.

Professional discussion record (Form HT 9)

Form used to record the scope and outcome of professional discussion if it is used

Unit assessment and verification declaration (Form N/SVQ11)

Form used on completion of each unit to meet the QCA requirement for a statement on authenticity. If this form is not used, there must be a written declaration, at unit level, signed by the assessor and

the candidate, that the evidence is authentic and that the assessment was conducted under the specified conditions or context.

Summary of achievement (Form N/SVQ12)

Form used to record the candidate's on-going completion of units and progress to final achievement of the complete N/SVQ.

Candidate unit assessment, results and feedback record: assignment, case study reflective and project (form HT 12)

Form used to record results and feedback If assignment, case study, reflective account and projects are used.

11 Units

11.1 About the units

Availability of units

The units for this qualification follow.

They may also be obtained from the centre resources section of the City & Guilds website.

Structure of units

The units in this qualification are written in a standard format and comprise the following:

- City & Guilds reference number
- title
- level
- credit value
- unit aim
- statement of guided learning hours
- assessment and grading
- learning outcomes which are comprised of a number of practical and/or knowledge based assessment criteria
- guidance notes.

11 Units

11.2 The units

The Level 3 units

Unit number	Title
301	Introduction to the roles and responsibilities of a Health Trainer
302	Establishing and developing relationships with communities while working as a Health Trainer
303	Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer
304	Enable individuals to change their behaviour to improve their health and wellbeing while working as a Health Trainer

Unit 301

Introduction to the roles and responsibilities of a Health Trainer

Level: 3

Credit value: 4

Unit aim

This unit introduces candidates to the role and responsibilities of a Health Trainer. Candidates will be expected to familiarise themselves with legislation and policies related to the role of Health Trainer. They will be introduced to the area of time management that will support them in carrying out their responsibilities. The aim of this unit is to equip them with the skills and knowledge that they will need to organise their own time and activities.

Learning outcomes

There are **five** learning outcomes to this unit. The learner will be able to:

- 1 Understand the role of a Health Trainer
- 2 Understand legislation and policies related to the role of the Health Trainer
- 3 Collect accurate information on clients
- 4 Manage and organise own time effectively
- 5 Improve own competence, knowledge and skills

Guided learning hours

It is recommended that **20** hours should be allocated for this unit. This may be on a full or part time basis.

Assessment

Portfolio of evidence

Unit 301 Introduction to the roles and responsibilities of a Health Trainer

Outcome 1 Understand the role of a Health Trainer

Assessment criteria

The learner can:

- 1 Describe the **role** of a Health Trainer
- 2 Outline the **role** of the Health Trainer in the context of local and national health and wellbeing policies
- 3 Describe the **limits** of the Health Trainer role
- 4 Analyse the **consequences** of acting beyond competence as a Health Trainer
- 5 Identify **appropriate routes** for referring matters beyond competence
- 6 Identify **individuals who can advise** on the Health Trainer role.

Additional guidance

- **Role:** based on job description and competences as per organisational requirements
- **Role:** in relationship to the Public Health White Paper Choosing Health
- **Limits:** what the service is not, not a counselling service, does not provide personal advice
- **Consequences:** disciplinary procedures, misinterpretation of the role of the Health Trainer, false expectations of the service, exposure to risks
- **Appropriate routes:** eg through supervision
- **Individuals who can advise:** eg Manager, Supervisor, Co-ordinators, other Health Trainers.

Unit 301 Introduction to the roles and responsibilities of a Health Trainer

Outcome 2 Understand legislation and policies related to the role of the Health Trainer

Assessment criteria

The learner can:

- 1 Identify the **legislation** that relates to the role of a Health Trainer
- 2 Identify **organisational policies and procedures**
- 3 Outline potential **consequences of non compliance** to organisational policies, procedures and protocol
- 4 Explain the **importance of confidentiality**
- 5 Explain key issues relating to equality and diversity and anti-discriminatory practice
- 6 Explain the **importance of assessing and managing risks**
- 7 Identify **risks** to self and others
- 8 Use organisational data collection, storage and retrieval systems.

Additional guidance:

- **Legislation;** eg Protection of Vulnerable adults (POVA), Health & Safety, Confidentiality, Data Protection, Duty of Care, Childcare Act 2006, Safeguarding vulnerable Groups
- **Organisational policies and procedures:** eg client monitoring, management and supervision, training and development, objective setting, PDP planning
- **Consequences of non compliance:** Harm to self or others, Safety, Disciplinary, Litigation
- **Importance of confidentiality:** eg as outlined by the NHS code of practice
- **Importance of assessing and managing risks:** in line with organisational procedures, Safety Legislation
- **Risks:** The identification of potential harm that may arise from a present process or a future event; The probability of some event which is seen as undesirable or is expected to cause harm or damage; Not following policies and procedures; Disclosure of confidential information; Harm to self and others.

Unit 301 Introduction to the roles and responsibilities of a Health Trainer

Outcome 3 Collect accurate information on clients

Assessment criteria

The learner can:

- 1 Explain **issues** around handling confidential and sensitive information
- 2 Explain the **importance** of systematic and accurate record keeping
- 3 Record information in a systematic and accurate way to inform evaluation and future work.

Additional guidance:

- **Issues:** ensuring that all client information is processed fairly, lawfully and as transparently as possible (as per NHS code of practice)
- **Importance:** in order to keep all individuals involved updated, to give clients relevant information, assessment of service, supporting trainer, facilitate service improvement, skills development of Health Trainers.

Unit 301 Introduction to the roles and responsibilities of a Health Trainer

Outcome 4 Manage and organise own time effectively

Assessment criteria

The learner can:

- 1 Agree **working arrangements** with a line manager
- 2 Explain the importance of making **realistic commitments**
- 3 **Plan work** to ensure that commitments are met
- 4 Explain the importance of knowing who to seek guidance and advice from
- 5 Complete **records of work activities** when needed.

Additional guidance:

- **Working arrangements:** who the candidate will be working with, when, where, ability to seek help from a line manager or others
- **Realistic commitments:** Management of time, Building trust
- **Plan work:** use SMART (specific, measurable, achievable, realistic and time bound) use of planning tools, sequencing work in a logical manner, setting deadlines and goals
- **Records of work activities:** eg work sheets, electronic diaries.

Unit 301 Introduction to the roles and responsibilities of a Health Trainer

Outcome 5 Improve own competence, knowledge and skills

Assessment criteria

The learner can:

- 1 Explain the **benefits** of improving own competence, knowledge and skills
- 2 Identify areas for improvement of own competence
- 3 **Plan** for improvement of own competence, knowledge and skills

Additional guidance:

- **Benefits:** eg greater confidence, greater control, enhanced employability, professional development
- **Plan:** Attendance at training courses, Coaching, Shadowing, Questioning, Feedback from observations, Supervised practical application of knowledge, Assignments

Good Practice

In this Unit learners identify the limitations of the Health Trainer role, potential difficulties they may encounter and strategies to manage or minimise these. Learners will need access to local and national policies which inform their work, the opportunity to consider time management tools and techniques, and have reflected on maintaining personal safety.

Suggested Resources

There are a variety of resources available to support the delivery of this unit and it would be impossible to create a definitive list. Teachers should use those they feel most comfortable with, however it is important to ensure that the latest edition of any resource is utilised. Examples of resources, which could be used, include:

Books

- Japer M (2003). Beginning Reflective Practice. Nelson Thornes

Other Publications

- **Suzy Lamplugh Trust:** Personal Safety at Work: Planning for safety & conflict management
- **Health and Safety Executive:** Five Steps to Risk Assessment
- **Health and Safety Executive:** Controlling the risks of Solitary Work
- **Department of Health (2003) Confidentiality:** NHS Code of Practice
- Local Organisational policies

Websites

- <http://www.nhsu.nhs.uk/ksf/index.html>
- <http://www.hse.gov.uk/pubns/hse27.pdf>
- <http://www.bbc.co.uk/health/condition>
- <http://www.suzylamplugh.org/home/index>.
- http://www.bbc.co.uk/health/conditions/mental_health/emotion_stress.shtml
- http://www.dh.gov.uk/en/Policyandguidance/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4084181
- **Protection of Vulnerable Adults scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: A practical guide**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134725
- **Every Child Matters:** <http://www.everychildmatters.gov.uk/>
- The Information Commissioners Office:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747
- **NHS Choices:** <http://www.nhs.uk/pages/homepage.aspx>
- **The NHS Knowledge and Skills Framework (NHS KSF):-**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843
- **NHS Core Learning Unit:-**<http://www.corelearningunit.com/index.php?id=2>

Unit 302

Establishing and developing relationships with communities while working as a Health Trainer

Level: 3

Credit value: 3

Unit aim

This unit is concerned with helping to establish and develop joint working relationships between people, organisations and groups in the community.

Building relationships within communities and organisations involves:

- Making contacts within communities, organisations and groups
- Developing working relationships with and within communities, organisations and groups
- Building relationships with and within communities and organisations

As part of their role, Health Trainers will need to establish links with and make use of information held by other people working in the community. They will need knowledge of, and relationships with, organisations, networks and workers in the community in order to support their role, clearly demonstrating that they will not be doing this work in isolation.

The unit will introduce learners to the roles and responsibilities of Health Trainers in relation to communities and will outline the skills needed when making contact with individuals and developing an understanding of the context of their lives and work.

Learning outcomes

There are **three** learning outcomes to this unit. The learner will be able to

- 1 Make contact with communities, organisations and groups
- 2 Collect accurate information on communities, organisations and groups
- 3 Develop working relationships within communities

Guided learning hours

It is recommended that **10** hours should be allocated for this unit. This may be on a full or part time basis.

Assessment

Portfolio of evidence

Unit 302 **Establishing and developing relationships with communities while working as a Health Trainer**

Outcome 1 Make contact with communities, organisations and groups

Assessment criteria

The learner can:

- 1 Identify **people**, within a community to make contact with
- 2 Explain **the benefits and importance** of making contact with different people, organisations and groups
- 3 Use **appropriate methods and styles** of making contact with different people, organisations and groups
- 4 Identify the most appropriate person to contact within an organisation.
- 5 Explain the role of a Health Trainer to different people, organisations and groups.

Additional guidance:

- **People:** community leaders, community activists, individual professionals, people who might be interested
- **Benefits and importance:** building positive reputation for the organisation and the role of the Health Trainer, identify organisations which can help clients achieve their goals, develop awareness of the service
- **Appropriate methods and styles;** eg telephone contact, impromptu visits, introduction from other agencies or colleagues, emails, mail outs about Health Trainer Programme, attending meetings or events, presentations.

Unit 302 **Establishing and developing relationships with communities while working as a Health Trainer**

Outcome 2 Collect accurate information on community's organisations and groups

Assessment criteria

The learner can:

- 1 Identify services and sources of information
- 2 Check that information is up to date and accurate
- 3 Record information in a way that can be used in future work
- 4 Explain the **importance of regularly updating information** and methods for achieving this
- 5 Outline the **consequences** of using out of date or inaccurate information.

Additional guidance:

- **Importance of regularly updating information:** keeping themselves and others informed, being able to give clients information
- **Consequences:** Delays in providing service, Contacting wrong people, Can affect clients' motivation, Can have a negative impact on the reputation of the Health Trainer service.

Unit 302 **Establishing and developing relationships with communities while working as a Health Trainer**

Outcome 3 Develop working relationships within communities

Assessment criteria

The learner can:

- 1 Develop working relationships within communities
- 2 Explain the importance of demonstrating respect for others
- 3 Explain the **importance of clearly agreeing ways of keeping in contact** and reporting back
- 4 Explain the **importance of fulfilling commitments**
- 5 Identify potential **barriers** to developing working relationships within communities
- 6 Identify ways of referring matters or issues beyond the Health Trainer role to a more appropriate person.

Additional guidance:

- **Importance of clearly agreeing ways of keeping in contact:** To facilitate clients' access to services, to ensure better working relationships, to build confidence in the service, to minimise delays in accessing services, to keep abreast of changes within organisations
- **Importance of fulfilling commitments:** effects on the client-Health Trainer relationship, impact on workload and deadlines, how the Health Trainer is perceived by other organisations, job satisfaction, quality of work, maintaining work-life balance
- **Barriers:** Lack of service, funding, Historical factors, Political, Social, Geographical factors, Criteria for access, inclusivity.

Good Practice

By completing this unit learners will demonstrate knowledge and awareness of community groups and organisations in their local area, and sufficient understanding of these to refer or signpost clients to them. To underpin delivery and give learners the best chance of successfully completing the unit it is recommended that learners are able to research, contact and visit organisations in their local area or field. In addition learners would benefit from the opportunity to compile their own resource file or folder containing information on local organisations and how to access them.

Suggested Resources

There are a variety of national and local resources available to support the delivery of this unit and it would be impossible to create a definitive list. Teachers/tutors should use those they feel most comfortable with, and ensure that these are up to date, where possible. Further guidance on resources may be available through regional Health Trainer Hubs, established by the Department of Health. Other support and resources may be available through the NHS Health Trainer Network.

Books

- **Skinner S (2006), Strengthening Communities:** A guide to capacity building for communities and the public sector, Community Development Foundation
- **Taylor A et al (2003), Partnership Made Painless:** A Joined-up Guide to Working Together, Russell House
- **Taylor M and Balloch s (2004), Partnership Working:** Policy and Practice, Policy Press
- Harris, Val, Taster Session Resource Packs. Federation for Community Development Learning.

Websites

- <http://www.bbc.co.uk/dna/actionnetwork/U516990>
- <http://www.cdf.org.uk/>
- <http://www.fcdl.org.uk/>
- <http://www.networks.nhs.uk/networks/page/29>

Other Publications

- A summary of good practice standards for community development work, Federation for Community Development Learning (fcdl.org.uk)
- National Occupational Standards in Community Development Work –under community learning and development section at www.lluk.org

Unit 303

Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer

Level: 3

Credit value: 3

Unit aim

This unit introduces learners to the concepts of health and wellbeing and ways of communicating with individuals in order to raise their awareness of health and wellbeing and to support them in identifying healthy behaviours and lifestyle choices they could make to improve their health and wellbeing to develop. This includes:

- providing information to individuals about Health and Wellbeing
- providing information to individuals about the relationship between behaviours and health
- enable individuals to develop their knowledge and skills about health and wellbeing.

The unit aims to provide the learner with the information, knowledge and skills to support individuals to move from pre-contemplation to action i.e. help them be ready to change their behaviour

Learning outcomes

There are **three** learning outcomes to this unit. The learner will be able to

- 1 Analyse concepts of health and wellbeing
- 2 Understand factors influencing health and wellbeing
- 3 Encourage individuals to address issues relating to health & wellbeing
- 4 Communicate appropriately with individuals

Guided learning hours

It is recommended that **15** hours should be allocated for this unit. This may be on a full or part time basis.

Assessment

Portfolio of evidence

Unit 303

Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer

Outcome 1

Analyse concepts of health and wellbeing

Assessment criteria

The learner can:

- 1 Explain the terms '**health and wellbeing**'
- 2 Define the term '**lifestyle**'
- 3 Explain the links between Lifestyle and health and wellbeing

Additional Guidance

- **Health and wellbeing:** Positive and negative definitions of health, Absence of disease, Holistic concept of health involving the eight dimensions of health: Mental, physical, spiritual, social, emotional, sexual, environmental, and societal. Wellbeing defined as the balance between the eight dimensions
- **Lifestyle:** a way of living based on the following: Individual choice, personal characteristics, social interactions, socioeconomic factors, environmental factors, health inequalities.

Unit 303 **Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer**

Outcome 2 Understand factors influencing health and wellbeing

Assessment criteria

The learner can:

- 1 Identify the **factors** influencing individuals' health and wellbeing
- 2 Identify **wider determinants** of health and wellbeing
- 3 Understand and communicate **key Health Promotion messages** and the benefits of making lifestyle changes
- 4 Identify **other people and agencies** who might be able to help individuals to improve their health and wellbeing.

Additional guidance:

- **Factors:** Age, sex and hereditary factors, individual lifestyle factors,
- **Wider determinants** :social and community networks, living and working conditions, socio-economic, cultural and environmental conditions
- **Key Health Promotion messages:** key lifestyle recommendations around diet, physical activity, alcohol and smoking
- **Other people and agencies eg:** stop smoking services, family.

Unit 303

Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer

Outcome 3

Encourage individuals to address issues relating to their health wellbeing

Assessment criteria

The learner can:

- 1 Raise individual's awareness of the key issues relating to their health and wellbeing
- 2 Describe a range of **approaches** that apply to promoting health and wellbeing
- 3 Use a **range of methods** for providing information on health and wellbeing
- 4 Help individuals identify factors affecting their health and wellbeing
- 5 Explore individuals **knowledge and beliefs** about health and wellbeing
- 6 Encourage individuals to take responsibility for changing their behaviour
- 7 Help individuals to get hold of reliable and up to date information and advice
- 8 Help individuals **access appropriate support**.

Additional guidance:

- **Approaches:** Medical, Behaviour change, Educational, Empowerment, Social change
- **Range of methods:** eg face to face, through different forms of media
- **Knowledge and beliefs :**eg: media stereotypes, fads, myths, social norms
- **Access appropriate support:** eg signposting to appropriate service.

Unit 303 **Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer**

Outcome 4 Communicate appropriately with individuals

Assessment criteria

The learner can:

- 1 Select and use **ways to communicate** appropriately with individuals
- 2 Encourage an **open and frank exchange of views**
- 3 Identify **barriers** to communication
- 4 Use **appropriate methods** to reduce barriers to communications
- 5 Acknowledge individuals' right to make their own decisions
- 6 Support individuals to make their own decisions.

Additional guidance:

- **Ways to communicate:** non verbal communication, open and closed questions, active listening, reflection, affirmation, focusing, summarising, change talk statements
- **Open and frank exchange of views:** Non directive, non victim blaming, supportive, client centred, non judgmental
- **Barriers:** language, culture, misunderstanding, setting, literacy, disability
- **Appropriate methods:** checking vocabulary and understanding; importance of creating the correct environment; use of emphasis and repetition, short words and sentences, use of simple messages, appropriate resources, planning and organising, anti-discriminatory practice, health and safety.

Good Practice

This unit is largely concerned with health promotion approaches and practice. As such it lends itself to classroom based teaching. However learners may benefit from the opportunity to consider or observe how health promotion principles are incorporated into real community based health promotion initiatives, and how the success of such projects is then assessed.

Suggested Resources

There are a variety of resources available to support the delivery of this unit and it would be impossible to create a definitive list. Teachers/tutors should use those they feel most comfortable with, and ensure that these are up to date, where possible. Further guidance on resources may be available through regional Health Trainer Hubs, established by the Department of Health. Other support and resources may be available through the NHS Health Trainers Network.. It should be remembered that Health Trainers were introduced to help tackle health inequalities and this should be reflected in resources used.

Books

- *Ewles, L and Simnett I (1999): Promoting Health A Practical Guide*
- *Bailliere Tindal Thorogood M and Coombes Y (2004): Evaluating Health Promotion: Practice and Methods. Oxford University Press*
- *Naidoo J and Wills J (1994): Health Promotion: Foundations for Practice. Balliere Tindall*
- *Hargie, O. (ed) (2006): The Handbook of Communication Skills: Routledge*
- *G Dahlgren and M Whitehead(1991) Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991*

Other Publications

- Local Primary Care Trust Director of Public Health Annual Report
- Choosing Health: Making healthy choices easier Department of Health (2004)

Websites

- <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLibrary/index.htm>
- <http://www.bbc.co.uk/health/>

Unit 304

Enable individuals to change their behaviour to improve their health and wellbeing while working as a Health Trainer

Level: 3

Credit value: 5

Unit aim

This unit introduces learners to the process of engaging individuals to enable behaviour change and encourage health improvement.

The aim of this unit is to provide the learner with knowledge and understanding of approaches and techniques that can support individuals to;

- Identify how their way of life and specific behaviours might affect their health and wellbeing
- Develop an action plan to make the changes they want to
- Initiate change in their behaviour and maintain the change
- Monitor and evaluate their progress.

Learning outcomes

There are **six** learning outcomes to this unit. The learner will be able to:

- 1 Encourage individuals to assess their behaviour
- 2 Establish 1-1 relationships with clients
- 3 Develop Personal Health Plans for individuals
- 4 Support individuals to achieve their plan
- 5 Support individuals to establish and maintain change
- 6 Keep records of work in line with organisational procedures.

Guided learning hours

It is recommended that **25** hours should be allocated for this unit. This may be on a full or part time basis.

Assessment

Portfolio of evidence

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Outcome 1 Encourage individuals to assess their behaviour

Assessment criteria

The learner can:

- 1 Help individuals to **assess** how their behaviour is affecting their health and wellbeing
- 2 Help individuals to **identify** the **changes** needed to improve their health and wellbeing
- 3 Use **behaviour changes techniques** to encourage individuals to identify their motivation for change and opportunities for change
- 4 Help individuals to identify potential **barriers** to change and ways of managing them.

Additional guidance:

- **Assess:** Health Behaviour Check
- **Identify changes:** Health Benefit Cards, Mind Mapping/agenda setting
- **Behaviour Change Techniques:** active listening/cost benefits analysis/decisional balance, scaling questions/change talk/rolling with resistance?
- **Barriers:** Places and things, people , thoughts and feelings

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Outcome 2 Establish 1-1 relationships with clients

Assessment criteria

The learner can:

- 1 Explain the **importance of establishing the ground rules** for the relationship
- 2 Establish **ground rules** for the relationship
- 3 Build rapport with clients
- 4 Identify the **key factors** to be considered when choosing as a suitable environment for 1-1 contact

Additional guidance:

- **Importance of establishing ground rules:** eg clarify expectations, reduce dependence, empowerment, to establish trust, to encourage openness
- **Ground rules:** eg boundaries of the role, roles and responsibilities of the HT and the client, personal choice and control, inclusion, policies and procedures, confidentiality,
- **Key factors:** eg access, , privacy

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Outcome 3 Develop Personal Health Plans for individuals

Assessment criteria

The learner can:

- 1 Support individuals to **prioritise** their goals
- 2 Support individuals to identify **SMART** goals for changing their behaviour
- 3 Support individuals **develop a Personal Health Plan**
- 4 Identify **key individuals** who will be involved in the Personal Health Plan
- 5 Use a **range of techniques** to ensure that individuals receive the appropriate support
- 6 Review and record individuals' progress in achieving their plan

Additional guidance:

- **Prioritise;** Use cost benefit analysis, Health Behaviour Check
- **SMART:** : specific, measurable, achievable, realistic and timely
- **Developing Personal Health Plan:** ABC forms,, action planning, if-then rules barriers and facilitators
- **Key individuals eg:** family, friends, Health Trainer or other agencies
- **Range of techniques:** eg worker and others supporting behaviour change, demonstrations, modelling by others, encouragement and praise, stress management.

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Outcome 4 Support individuals to achieve their plan

Assessment criteria

The learner can:

- 1 Take **actions** to help individuals achieve their goals
- 2 Support individuals to develop confidence in achieving change
- 3 Use **methods to support individuals** to strengthen their own motivation for change
- 4 Explain how **measures of behaviour** are used in monitoring behaviour change
- 5 Support individuals **review** their **progress** and adapt their Personal Health Plan
- 6 Provide feedback, support and encouragements to individuals
- 7 **Recognise** and value individuals' achievements.

Additional guidance:

- **Actions:** eg provide individuals with clear and relevant information, introduce behaviour change diaries?
- **Methods to support individuals:** Identify change talk, working with resistance, working with ambivalence, building importance and confidence, establishing support networks, identifying available and accessible resources, appropriate referral and signposting, using rewards, measuring and recognising achievements
- **Review progress:** review personal health plan and behaviour change diary
- **Recognise and value individuals' achievements:** Rewards, praise.

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Outcome 5 Support individuals to establish and maintain change

Assessment criteria

The learner can:

- 1 Support individuals to **prepare for setbacks**
- 2 Support individuals to **manage setbacks**
- 3 Support individuals evaluate the effects of the changes implemented
- 4 **Support individuals** to become their own Health Trainer
- 5 **Help individuals** identify broader learning and development needs.

Additional guidance:

- **Preparing for setbacks:** High risk situations, if-then plans
- **Managing setbacks:** e.g. Reviewing goals, ABC forms, barriers and facilitators
- **Support individuals to become their own Health Trainer:** summarise learning, provide copies of paperwork
- **Help individuals identify broader learning and development needs:** e.g. access other qualifications (LLN).

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Outcome 6 Keep records of work in line with organisational procedures

Assessment criteria

The learner can:

- 1 Keep **accurate and complete records** of work with individuals
- 2 Report problems and concerns to the line manager
- 3 **Work within own role** and competences
- 4 Explain the importance of working within own role and competences
- 5 Explain the potential **consequences** of working outside own role and competences.

Additional guidance:

- **Accurate and complete records:** National Minimum data set
- **Work within own role:** Be aware of limits
- **Consequences:** disciplinary procedures, misinterpretation of the role of the Health Trainer, false expectations of the service, exposure to risks.

Good Practice

To underpin delivery and give learners the best chance of successfully completing the unit, it is strongly recommended, wherever possible, learners are given the opportunities to develop their knowledge and understanding through guided practice of the skills associated with this unit. It is advised that case studies and simulation opportunities are available within the guided learning hours and then if possible through placement experiences.

Additional CPD training in the area of motivational interviewing/ behaviour change could be offered to learners to allow them to further develop their skills in the area.

Suggested Resources

There are a variety of resources available to support the delivery of this unit and it would be impossible to create a definitive list. It is strongly recommended that Teachers utilise **Improving Health: Changing Behaviour, NHS Health Trainer Handbook (2006) British Psychological Society for the Department of Health**, throughout the delivery of this unit.

Teachers should also use those resources that they feel most comfortable with, however in this fast moving industry it is imperative to ensure that the latest edition of any resource is utilised. Examples of resources, which could be used, include:

Books

- Butler C., Mason, P. and Rollnick, S., (2001) *Health Behaviour Change*, Churchill Livingston.
- Miller, W. R., and Rollnick S (2002) *Motivational Interviewing: Preparing People for Change, Second Edition*, Guildford Press

Other Publications

- Butler, C., Rollnick, S. and Scott, N. (1996) *The doctor, the patient and resistance to change: Fresh ideas on compliance. Canadian Medical Journal.*
- Rollnick, S. and Miller, W.R. (1995) *What is motivational interviewing? Behavioural and Cognitive Psychotherapy, 23 325 – 334.*
- Rollnick, S. (1996). *Behaviour change in practice: targeting the individual. International Journal of Obesity, 20 (Supplement 1), S22-26.*
- **NICE Public Health Guidance 6 (Oct 2007).** *Behaviour change at population, community and individual levels*
- **NICE. (Dec 2007).** *How to change practice. Understand, identify and overcome barriers to change*

Videos

- Miller, W. R., Rollnick S., and Moyers, T.B., (1998) *Motivational Interviewing: Professional Training Videotape Series.* European Addiction Training Institute.

Websites

- www.motivationalinterview.org

Appendix 1 Sources of information about level accreditation, qualification and credit frameworks and level descriptors

If you would like help deciding how to design the information which relates to your qualification, please contact Co-ordinated Services.

Please visit the following websites to find current information on accreditation, qualification level descriptors and national qualification and credit frameworks and in each country.

Nation	Framework	Who to contact	Websites
England	Qualification and Credit Framework (QCF)	The Qualifications and Curriculum Authority	www.qca.org.uk
Scotland	Scottish Credit and Qualifications Framework (SQC)	The Scottish Qualifications Authority	www.scqf.org.uk www.sqa.org.uk
Wales	The Credit and Qualifications Framework for Wales (CQFW)	The Department for Education, Culture and Welsh Language (DECWL)	www.wales.gov.uk
Northern Ireland	Qualification and Credit Framework (QCF)	The Council for Curriculum, Examinations and Assessment	www.ccea.org.uk

Appendix 2 Obtaining centre and qualification approval

Only approved organisations can offer City & Guilds qualifications. Organisations approved by City & Guilds are referred to as **centres**.

Centres must meet a set of quality criteria including:

- provision of adequate physical and human resources
- clear management information systems
- effective assessment and quality assurance procedures including learner support and reliable recording systems.

An organisation that has not previously offered City & Guilds qualifications must apply for approval to become a centre. This is known as the **centre approval process (CAP)**. Centres also need approval to offer a specific qualification. This is known as the **qualification approval process (QAP)**, (previously known as scheme approval). In order to offer this qualification, organisations which are not already City & Guilds centres must apply for centre and qualification approval at the same time. Existing City & Guilds centres will only need to apply for qualification approval for the particular qualification.

Full details of the procedures and forms for applying for centre and qualification approval are given in *Providing City & Guilds qualifications - a guide to centre and qualification approval*, which is also available on the City & Guilds centre toolkit, or downloadable from the City & Guilds website.

Regional / national offices will support new centres and appoint a Quality Systems Consultant to guide the centre through the approval process. They will also provide details of the fees applicable for approvals.

Assessments must not be undertaken until qualification approval has been obtained.

City & Guilds reserves the right to withdraw qualification or centre approval for reasons of debt, malpractice or non-compliance with City & Guilds' policies, regulations, requirements, procedures and guidelines, or for any reason that may be detrimental to the maintenance of authentic, reliable and valid qualifications or that may prejudice the name of City & Guilds. Further details of the reasons for suspension and withdrawal of approval, procedures and timescales, are contained in *Providing City & Guilds qualifications*.

Approval for global online assessment (GOLA)

In addition to obtaining centre and qualification approval, centres are also required to set up a GOLA profile in order to offer online examinations to learners. Setting up a GOLA profile is a simple process that need only be completed once by the centre.

Details of how to set up the profile and GOLA technical requirements are available on the City & Guilds website (www.cityandguilds.com/e-assessment). The GOLA section of the website also has details of the GOLA helpline for technical queries and downloads for centres and learners about GOLA examinations.

Centres should also refer to *Providing City & Guilds qualifications - a guide to centre and qualification approval* for further information on GOLA.

Appendix 3 Summary of City & Guilds assessment policies

Health and safety

The requirement to follow safe working practices is an integral part of all City & Guilds qualifications and assessments, and it is the responsibility of centres to ensure that all relevant health and safety requirements are in place before learners start practical assessments.

Should a learner fail to follow health and safety practice and procedures during an assessment, the assessment must be stopped. The learner should be informed that they have not reached the standard required to successfully pass the assessment and told the reason why. Learners may retake the assessment at a later date, at the discretion of the centre. In case of any doubt, guidance should be sought from the external verifier.

Equal opportunities

It is a requirement of centre approval that centres have an equal opportunities policy (see *Providing City & Guilds qualifications*).

The regulatory authorities require City & Guilds to monitor centres to ensure that equal opportunity policies are being followed.

The City & Guilds equal opportunities policy is set out on the City & Guilds website, in *Providing City & Guilds qualifications*, in the *Online Catalogue*, and is also available from the City & Guilds Customer Relations department.

Access to assessment

Qualifications on the Qualifications and Credit Framework are open to all, irrespective of gender, race, creed, age or special needs. The centre co-ordinator should ensure that no learner is subject to unfair discrimination on any ground in relation to access to assessment and the fairness of the assessment.

City & Guilds' *Access to assessment and qualifications guidance and regulations* document is available on the City & Guilds website. It provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for learners who are eligible for adjustments in assessment.

Access arrangements are pre-assessment adjustments primarily based on history of need and provision, for instance the provision of a reader for a visually impaired learner.

Special consideration refers to post-examination adjustments to reflect temporary illness, injury or indisposition at the time of the assessment.

Appeals

Centres must have their own, auditable, appeals procedure that must be explained to learners during their induction. Appeals must be fully documented by the quality assurance co-ordinator and made available to the external verifier and/or City & Guilds.

Further information on appeals is given in *Providing City & Guilds qualifications*. There is also information on appeals for centres and learners on the City & Guilds website or available from the Customer Relations department.

Appendix 4 Funding

City & Guilds does not provide details on funding as this may vary between regions.

Centres should contact the appropriate funding body to check eligibility for funding and any regional/national arrangements which may apply to the centre or learners.

For funding regulatory purposes, learners should not be entered for a qualification of the same type, level and content as that of a qualification they already hold.

Please see the table below for where to find out more about the funding arrangements.

Nation	Who to contact	For higher level qualifications
England	<p>The Learning and Skills Council (LSC) is responsible for funding and planning education and training for over 16-year-olds. Each year the LSC publishes guidance on funding methodology and rates. There is separate guidance for further education and work-based learning.</p> <p>Further information on funding is available on the Learning and Skills Council website at www.lsc.gov.uk and, for funding for a specific qualification, on the Learning Aims Database http://providers.lsc.gov.uk/lad.</p>	<p>Contact the Higher Education Funding Council for England at www.hefce.ac.uk.</p>
Scotland	<p>Colleges should contact the Scottish Further Education Funding Council, at www.sfc.co.uk. Training providers should contact Scottish Enterprise at www.scottish-enterprise.com or one of the Local Enterprise Companies.</p>	<p>Contact the Scottish Higher Education Funding Council at www.shefc.ac.uk.</p>
Wales	<p>Centres should contact the The Department for Education, Culture and Welsh Language (DECWL): www.wales.gov.uk</p>	<p>Contact the The Department for Education, Culture and Welsh Language (DECWL): www.new.wales.gov.uk</p>
Northern Ireland	<p>Please contact the Department for Employment and Learning at www.delni.gov.uk.</p>	<p>Contact the Department for Employment and Learning at www.delni.gov.uk.</p>

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