

RSPH Level 3 Certificate in Health Coaching

January 2021

Guided Learning Hours (GLH): 40 hours

Total Qualification Time (TQT): 130 hours

Ofqual Qualification Number: 603/7125/0

Description

The objective of this qualification is to provide learners with the knowledge, skills and understanding required to deliver personalised care as part of a health coaching programme, in order to promote the health and wellbeing of individuals, groups and communities.

The qualification is mapped against the learning outcomes included in both the Core Capabilities to Enable and Support People and the Health Coaching sections of the Personalised Care Institute curriculum.

The qualification will enable learners to understand the health inequalities and social determinants of health that can impact on the wellbeing of individuals referred to health coaching pathways, and the ways in which they might be addressed. The qualification covers how behaviour can affect physical and mental health and how a health coaching approach can be used to deliver models and principles of behaviour change and related tools and techniques.

The qualification also supports learners to apply the skills, knowledge and techniques gained through their learning, by a personalised care consultation with an individual as part of a health coaching pathway. This supports learners to carry out initial conversations and consultations with individuals, to help them to identify their priorities in relation to their health and wellbeing, to support them in recognising those factors that might be affecting their health and wellbeing and to agree on an action plan.

This qualification will be appropriate for individuals in roles related to health coaching. It is also suitable for anyone working or volunteering in a role where there are regular opportunities to work with individuals and incorporate a health coaching approach and/or signpost individuals to health coaching programmes and other health improvement pathways and services.

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Overview

The qualification consists of four mandatory units:

- Unit 1 The principles and concepts of health coaching
- Unit 2 The wider determinants of health and health inequality
- Unit 3 Theories of behaviour change, principles of motivational techniques and their application to personalised care
- Unit 4 Conduct a personalised care consultation

Unit 1 Principles and Concepts of Health Coaching

Total Unit Time: 30 hours

Guided Learning Hours: 10 hours

Unit Level: 3

Unit Number: T/618/6343

Summary of Learning Outcomes

To achieve this unit a candidate must:

- 1. Understand the core components, principles and concepts of the health coaching approach:** *by being able to meet the following assessment criteria:*
 - 1.1 Describe ways in which a health coaching approach can improve health outcomes
 - 1.2 Outline the roles of key individuals, services and organisations involved in health coaching approaches
 - 1.3 Describe individuals who might benefit from a referral to a Health Coach
 - 1.4 Describe the initial steps taken by a Health Coach when receiving a referral
 - 1.5 Describe the support that it is available to Health Coaches to help them in their day-to-day work

- 2. Understand the mindset, knowledge, skills and techniques required to use a health coaching approach when working with individuals:** *by being able to meet the following assessment criteria:*
 - 2.1 Describe the principles and concepts of health coaching
 - 2.2 Outline evidence-based coaching models and techniques that may be used within a health coaching intervention
 - 2.3 Describe the mindset and key skills required to adopt a health coaching approach when working with individuals
 - 2.4 Outline how to structure and carry out interventions using a health coaching approach to increase awareness and personal responsibility for plans
 - 2.5 Outline the importance of health behaviour and barriers to change to the individual

3. **Know the requirements for data protection in health coaching roles:** *by being able to meet the following assessment criteria:*
 - 3.1 Explain the role and function of local and national data protection and data sharing protocols with respect to client confidentiality
 - 3.2 Explain the need to obtain consent before providing an intervention

4. **Know the requirements for duty of care in health coaching roles:** *by being able to meet the following assessment criteria:*
 - 4.1 Explain the duty of care requirements regarding supply of evidence based health information within interventions
 - 4.2 Outline effective methods of sharing information appropriately and effectively using a health coaching approach

5. **Know how and why the impact of health coaching services are monitored, evaluated and reported:** *by being able to meet the following assessment criteria:*
 - 5.1 Explain the importance of accurate record keeping and data collection in monitoring health coaching services and interventions
 - 5.2 Describe how quantitative data can be used to evaluate and report the impact of health coaching services and interventions
 - 5.3 Outline how qualitative data can be used to evaluate and report the impact of health coaching services and interventions

Indicative content:

1 Understand the core components, principles and concepts of the health coaching approach

- 1.1 *Ways in which a health coaching approach can improve health outcomes:* NHS Comprehensive Model of Personalised Care definition of health coaching; partnership between health and care practitioners and people; improving health outcomes by guiding and prompting people to change their behaviour, so they can make healthcare choices based on what matters to them; supports people to identify and grow their internal resources, so that they feel empowered to improve and maintain their health and well-being; builds awareness, responsibility and confidence to manage health and reduce dependency on services; supports individuals to explore their own experiences, situation and perspective to help them identify barriers and their own solutions and plans to achieve their goals; **use of the holistic model of health, rather than the Western-Scientific model of health**
- 1.2 *Roles of key individuals, services and organisations involved in health coaching approaches:* Role of Care Navigators, Link Workers, GPs, primary care providers, community agencies; advantages of multidisciplinary teams; importance of family and support networks of individual working with a Health Coach.
- 1.3 *Types of individual who might benefit from a referral to a Health Coach:* Individuals who might benefit from a referral to a health coach, such as those with lower levels of patient activation but with an interest in gaining the skills, knowledge and confidence to improve their health and wellbeing; those who express an interest in receiving structured support to explore their readiness for change; those who express an interest in receiving structured support to set, monitor and review long-term goals for behaviour change.
- 1.4 *Initial steps taken by Health Coach when receiving a referral:* Review of information provided by agency or individual making the referral; establish contact with agency or individual making the referral; ensure full understanding of case and reason for referral; prepare for initial consultation with individual by considering questions to ask and outline agenda for initial conversation with the individual
- 1.5 *The support that it is available to Health Coaches to help them in their day-to-day work:* Support that is provided by the Personalised Care Institute, UK Health Coaches Association, NHS eLearning for Healthcare and General Practice Teams within local Primary Care Networks.

2 Understand the mindset, knowledge, skills and techniques required to use a health coaching approach when working with individual

- 2.1 *Principles and concepts of health coaching:* Health coaching as a method for supporting individual self-management and self-efficacy; assessing and

supporting individuals to grow activation levels and readiness for change; focusing on strength and positive emotions; working with individuals to identify and overcome barriers to change; making use of questions to elicit and convey key information and provide constructive challenge; agreeing realistic goals which encourage intrinsic motivation and are reinforced by local support mechanisms

- 2.2 *Evidence-based coaching models and techniques that may be used within a health coaching intervention:* Models and techniques such as Elicit-provide-Elicit; assessing importance; evoking change talk; motivational interviewing; normalizing and validating; goal-setting; decisional balance; scaling questions
- 2.3 *Key mindset and skills required to adopt a health coaching approach when working with individuals:* Importance of empathy and a non-judgmental attitude; open-ended questions; affirmations; reflective listening; summarising to confirm shared understanding; need to ensure the individual is viewed as the expert in their own life, that decisions made by the individual are as part of a patient-clinician partnership; that the individual is supported to establish their own goals and is made to feel confident that they can be attained; importance of a collaboration mindset
- 2.4 *How to structure and carry out interventions using a health coaching approach to increase personal accountability for plans:* Agenda for intervention or consultation agreed with individual; individual is made to feel that the intervention is part of an active collaboration; individual is supported to identify their own goals and to suggest ways in which they can be achieved; individual and Health Coach work together to establish and review clear measures of success
- 2.5 *Health behaviour and barriers to change:* Impact of a range of behaviours and activities on health and wellbeing, to include physical health, mental health and emotional wellbeing.; examples of what might constitute a barrier to change, including individual factors such as diet, levels of physical activity, smoking, sleep, stress, alcohol intake, debt, mobility issues and low levels of confidence, and social factors such as poor availability of services within a community; ways in which ambivalence can be explored and addressed.

3 Know the requirements for data protection in health coaching roles

- 3.1 *The role and function of local and national data sharing and data protection protocols:* 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
- 3.2 *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.

4 Understand the requirements for duty of care in health coaching roles

- 4.1 *Duty of care requirements regarding supply of evidence-based health information within interventions:* Ensure that information shared with an individual is accurate; use of appropriate local procedures and templates for providing required information on specific health issues and conditions; ensure that individual is provided with appropriate level and volume of information and is not overwhelmed by too much information.
- 4.2 *Effective methods of sharing information appropriately and effectively using a health coaching approach:* Use of Elicit, Permission, Provide, Elicit (EPPE) approach to exchange information between health coach and an individual; ensure that individual is able to access a range of different sources of information such as leaflets and apps; ensure that the individual is supported to overcome barriers to accessing this information including challenges related to technology or levels of health literacy.

5 Know how and why the impact of health coaching services are monitored, evaluated and reported

- 5.1 *The importance of record keeping and data collection in monitoring health coaching services and interventions:* Establishment of audit trails; record of actions taken; use in evaluating actions against outcomes; use in reviewing progress of individual against their goals and measures of success; importance of **client feedback and engagement in assessing quality and performance of health coaching service**; requirement for team working and transfer of clients between practitioners; maintaining contact with clients; importance in review of action plans; use in promoting awareness and uptake of the service.
- 5.2 *How quantitative data can be used to monitor, evaluate and report the impact of health coaching services and interventions:* Use of statistics to determine distribution of service use, reach, access across the local population; importance of statistics in assessing whether service users are representative of all groups within the local population; use of quantitative data in demonstrating that the service is being accessed by priority groups; effective use of quantitative data in promoting the impact of a health coaching service to internal and external stakeholders; local procedures for collecting quantitative data as part of health coaching services.
- 5.3 *How qualitative data can be used to monitor, evaluate and report the impact of health coaching services and interventions:* Use of qualitative data in producing case studies demonstrating impact of health coaching services; local procedures for collecting quantitative data as part of health coaching services.

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 centre assessment standards scrutiny by RSPH. 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 2 The wider determinants of health and health inequality

Total Unit Time: 30 hours

Guided Learning Hours: 10 hours

Unit Level: 3

Unit Number: D/618/6322

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 using **TWO** contrasting communities.
 - 1.3 Outline the intended impact of **TWO** local policies or strategies that aim to address the wider or social determinants of health

- 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 in your local area are recognised in **TWO** local policies.
 - 2.3 Explain the potential links between mental health, physical health and health inequalities

- 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 Identify evidence-based health messages for **FOUR** health behaviours relating to mental health and wellbeing and **FOUR** that relate to physical health
 - 3.2 Explain how an approach such as the 5 ways to wellbeing can be used to improve an individual's mental health.

- 3.3 Determine the behaviour change interventions that are embedded within **TWO** local health improvement policies and **TWO** local health improvement services

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, 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 *Policies and initiatives around health inequalities in local area:* Health inequalities identified through use of statistical information and local / national government data; 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.

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

- 3.1 *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.

- 3.2 *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.
- 3.3 *The behaviour change interventions which are embedded within local health improvement policies and services:* Appropriate local health improvement policies and services selected; behaviour change interventions identified from these policies; aims and objectives of interventions identified; accessibility, opening times, transportation links to services determined.

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 centre assessment standards scrutiny by RSPH. 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 3 Theories of behaviour change, principles of motivational techniques and their application to personalised care

Total Unit Time: 30 hours

Guided Learning Hours: 10 hours

Unit Level: 3

Unit Number: H/618/6323

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 Explain how a named behaviour change model can be applied to an individual.
 - 1.2 Identify types of interventions used to support behaviour change.
 - 1.3 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 Explain how a practitioner's attitude, values and behaviour can impact on an individual's readiness to change.

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

Indicative content:

- 1. Understand the behaviour change theories that underpin health improvement activities:**
 - 1.1 *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 as part of a social prescribing or health coaching pathway
 - 1.2 *Range of interventions used to support behaviour change:* Very brief advice, brief advice, brief interventions and extended brief interventions; motivational techniques; **active signposting**; examples of the opportunities to use these interventions as part of a social prescribing or health coaching pathway.
 - 1.3 *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 1.2

- 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, use of change plans, stimulus control, self-monitoring, cognitive and environmental restructuring, use of rewards; 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, social support, rewards, use of self-help resources such as APPS and web-sites.
 - 2.3 *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:* 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 supporting self-efficacy; developing accurate empathy to show an active interest and working hard to

understand the individual's position, showing compassion by promoting the individual's welfare and evocation which is the belief that individuals have within them what they need. Highlighting and reflecting any discrepancies and rolling with resistance.

- 3.2 *The processes of motivational interviewing to 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; **Engaging**, building rapport - settling the person into a helpful conversation; **focusing** – exploring with the client how important this change is to them and how confident they feel to achieving the change' and other tools to agree with the person a direction and an agenda for the conversation; **evoking** – elicits the person's own reasons for change and exploring ambivalence/sustain talk; **planning** – using tools such as a change table or decisional balance tool to develop a change plan only when the person is ready to change
- 3.3 *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.

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 centre assessment standards scrutiny by RSPH. 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: Conduct a personalised care consultation

Total Unit Time: 40 hours

Guided Learning Hours: 10 hours

Unit Level: 3

Unit Number: K/618/6324

Summary of Learning Outcomes:

To achieve this unit a candidate must:

1. **Carry out initial consultations with individuals as part of a health coaching or social prescribing pathway:** *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 the desired outcome and gain their consent.
 - 1.3 Adopt a holistic approach to the individuals' situations

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 Identify ways in which the client can be helped to resolve their ambivalence to the change.

- 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 individuals could be referred to other local services that will support their action plan
 - 4.3 Explore with individuals how they will ensure that plans are maintained in the longer term

- 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 a revised action plan for resuming progress

Indicative content:

- 1. Carry out initial consultations with individuals as part of a health coaching or social prescribing pathway**
 - 1.1 *Enable rapport to be built:* Supportive environment, meet and greet the individual, 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 the health coaching or social prescribing pathway that the consultation forms part of; the individuals' understanding for meeting; allowing the client to tell their story; 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 aware of confidentiality arrangements, 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.

- 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 how important this change is to them and 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 a client's ambivalence to change could be resolved:* Demonstrate empathy, listen and reflect back, highlight discrepancies; 'roll' with resistance, do not challenge or try to persuade, seek to understand; explore clients resources.
- 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 individuals could be referred to other local support services:* Community provision offering services that are appropriate to the individual's need and interest identified; individuals assisted to access and navigate the community provision that they are being referred to; individuals provided with information on wider local services, including where help could be obtained for any other issues identified, and / or shown how to find information; understanding of difference between a referral and signposting.
- 4.3 *How plans are maintained in the longer term:* individuals supported to identify and manage any barriers that may arise in the future; individuals provided with information on techniques that can be used to maintain and replenish their motivation for change if required; individuals assisted to identify how the desired behaviour change can be introduced to daily routines with minimal disruption to other areas of life.

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; impact of referrals or signposting explored and summarized.
- 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 a revised action plan for resuming progress:* Views of individuals on what is achievable in present circumstances obtained in optimistic and positive fashion; agreement with individuals to set more realistic SMART 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 are clear on what they have to do and timelines agreed; revised action plan is discussed with any other appropriate individuals or agencies

Assessment

This unit is assessed by the production of a report and a portfolio of evidence detailing **a minimum of TWO** competent consultations with a service user, or **a minimum of TWO** competent consultations carried out through role-play.

The portfolio of evidence should also include 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 with the candidate.

The learner should expect to spend a **minimum of SIX** hours completing the consultations, change plans and professional discussions included in this unit.

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

Centre Guidance

Progression

Learners who achieve this qualification can progress to other related RSPH qualifications such as:

Level 3 Certificate in Health and Wellbeing Improvement

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

Recommended prior learning

There are no recommended prior learning requirements for this qualification.

Useful websites and further reading

A list of suggested reading and useful websites can be found in the Centre Area of the Qualifications section of the RSPH web-site (www.rsph.org.uk).

Centres should make the list available to learners, should they require it.

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

The qualification has been mapped to the Public Health Skills and Knowledge Framework and 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

It has also been mapped against multiple learning outcomes and assessment criteria from the following sections of the Personalised Care Institute Curriculum:

Level 1 – Capabilities to Engage People

Level 2 – Capabilities to enable and support people

Models and Approaches – Health Coaching

For more information concerning this mapping, please contact RSPH using the details provided below.

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 in the Qualifications and Training section. If you are already an approved centre, please complete the 'Add an additional qualification form' which can be downloaded from the Centre area on the website www.rsph.org.uk. Please ensure that you include details of your quality assurance procedures, including internal verification of centre-assessed work. You will need to attach representative CVs to this application.

As this qualification is centre-assessed, RSPH will need to approve the assessments and the associated marking guidance 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 external scrutiny. 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 scrutineer 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 external scrutiny.

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.

Other Information:

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

Contact Details

Any enquiries about this qualification should be made to:

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