

## **RSPH Level 3 Certificate in Social Prescribing**

**January 2021**

**Guided Learning Hours (GLH): 40 hours**

**Total Qualification Time (TQT): 130 hours**

**Ofqual Qualification Number: 603/7126/2**

### **Description**

The objective of this qualification is to provide learners with the knowledge, skills and understanding to deliver personalised care as part of a social prescribing 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 Social Prescribing and Community-Based Support sections of the Personalised Care Institute curriculum.

The qualification will enable learners to understand the core principles of social prescribing and the positive impact it can have on health and wellbeing outcomes, as part of a personalised care approach. It will also support learners to understand the roles of key individuals, services and organisations in delivering a social prescribing pathway and the actions and processes required to support a successful referral to community provision.

The qualification will also enable learners to understand the health inequalities and social determinants of health that can impact on the wellbeing of individuals referred to social prescribing pathways, and the ways in which they might be addressed. The qualification covers how behaviour can affect physical and mental health, the theories, models and principles of behaviour change and related tools and techniques such as motivational interviewing.

The qualification also supports learners to apply the skills, knowledge and understanding gained through their learning, through a personalised care consultation with an individual as part of a social prescribing 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 such as Social Prescribing Link Workers, Community Connectors or Health Champions. It is also suitable for anyone working or volunteering in a role where there are opportunities to signpost individuals to social prescribing 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 social prescribing
- 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 The principles and concepts of social prescribing**

**Total Unit Time:** 30 hours

**Guided Learning Hours:** 10 hours

**Unit Level:** 3

**Unit Number:** M/618/6342

### **Summary of Learning Outcomes**

**To achieve this unit a candidate must:**

**1. Understand the core components of the social prescribing pathway, by being able to meet the following assessment criteria:**

- 1.1 Describe ways in which a social prescribing approach can improve health outcomes
- 1.2 Outline the roles of key individuals, services and organisations involved in social prescribing pathways
- 1.3 Describe individuals who might benefit from being referred to a Link Worker
- 1.4 Describe the initial steps taken by a Link Worker when receiving a referral
- 1.5 Describe the support that is available to Link Workers to help them in their day-to-day work

**2. Understand the role of a Link Worker in holding an initial conversation with a service user, by being able to meet the following assessment criteria:**

- 2.1 Describe approaches that can be used to enable an individual to talk about their interests, motivations and values around their health and wellbeing
- 2.2 Describe how a person-centred approach can be used to identify challenges to an individual improving their health and how they might be overcome
- 2.3 Describe how different community services can be used to support specific areas of an individual's health and wellbeing
- 2.4 Develop a simple structured personalised care and support plan

**3. Understand the role of a Link Worker in making a successful referral to community provision, *by being able to meet the following assessment criteria:***

- 3.1 Identify methods for building relationships with community providers and assessing the suitability of a planned referral
- 3.2 Describe the policies and procedures that a community provider must provide before a referral takes place
- 3.3 Explain the additional support that the individual and the community provider might need for a successful referral to take place

**4. Understand the role of a Link Worker in assessing the impact of a social prescribing referral, *by being able to meet the following assessment criteria:***

- 4.1 State how feedback could be obtained from both the individual and the community provider around the impact of the referral
- 4.2 Explain the additional considerations and actions that might need to be written into a new action plan

**5. Know how and why the impact of social prescribing 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 social prescribing services and interventions
- 5.2 Describe how quantitative data can be used to evaluate and report the impact of social prescribing services and interventions
- 5.3 Outline how qualitative data can be used to evaluate and report the impact of social prescribing services and interventions

## Indicative content:

### 1 Understand the core components of the social prescribing pathway

- 1.1 *Describe ways in which a social prescribing approach can improve health outcomes:* NHS Comprehensive Model of Personalised Care definition of social prescribing; use of methods such as building social networks, making use of community assets, empowering individuals by helping them to develop a sense of control; recognition that not all health and wellbeing issues require a medical or clinical input or solution; **use of the holistic model of health, rather than the Western Scientific model of health**; how creating a sense of belonging, new sense of purpose and enjoyment of new activities, can help individuals to stay physically and mentally well for longer and manage the long-term conditions they might be living with;
- 1.2 *Outline the roles of key individuals, services and organisations involved in social prescribing pathways:* Role of Link Workers, Primary Care Networks, GPs, Multi-Disciplinary Teams, Care Navigators, Health Coaches and community organisations in social prescribing pathways. Link Workers as the key point of contact for individuals in social prescribing pathways, working with them to establish priorities for health and wellbeing and agreeing a referral to community provision. The scope, boundaries and limitations of the role and responsibilities of a Link Worker and points at which individual should be signposted or referred to other individuals, services or organisations.
- 1.3 *Describe individuals who might benefit from a referral to a Link Worker:* Medical or clinical pathway inappropriate or insufficient for individual's needs and interests, requirement for a broad and holistic view of health, expressions of interest in building social networks by individual
- 1.4 *Describe the initial steps taken by Link Worker 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 *Describe the support that it is available to Link Workers to help them in their day-to-day work:* Support that is provided by Personalised Care Institute, Regional Learning Coordinators, GP supervisor, Health Education England eLearning. Steps that can be taken to obtain additional support on a specific case, including case escalation and seeking guidance from specialist professionals and agencies. Importance of clear and constant communication with individual if Link Worker is waiting for support and guidance on their case.

## **2 Understand the role of a Link Worker in holding an initial conversation with a service user**

- 2.1 *Describe approaches that can be used to enable an individual to talk about their interests, motivations and values around their health and wellbeing:* Importance of a supportive environment; warmth, openness, empathy and respect for individual's knowledge, attitudes and beliefs; use of confidential settings, appropriate verbal and non-verbal communication; enhancing motivation of individuals to change by determining their own motivation, their reasons for wanting to change and what they regard as the benefits of changing their behaviour; use of open questions, affirmation, reflection and summarising
- 2.2 *Describe how a person-centred approach can be used to identify challenges to an individual improving their health and how they might be overcome:* Importance of empathy; consideration of effect of personal circumstances on behaviour, such as housing, debt, mobility, occupation. Influences on an individual's choices determined; respect shown for individual's values, opinions and individual choice. Barriers and facilitators of individuals to act determined; ambivalence explored and addressed; importance of developing autonomy and supporting self-efficacy
- 2.3 *Describe how different community services can be used to improve specific areas of health and wellbeing:* Types of provision available in the local community, the scope of the services they provide, the areas of health and wellbeing that these services are relevant to, how to access these services, the process by which a Link Worker matches client needs with service provision.
- 2.4 *Develop a simple personalised care and support plan:* Action plan agreed with individuals and wishes of individuals reinforced by reflecting back over the consultation; SMART objectives incorporated into plan; coping strategies, sources of support and techniques to support behaviour change identified; appropriate support and resources selected

## **3 Understand the role of a Link Worker in making a successful referral to community provision**

- 3.1 *Identify the elements that are necessary to make a successful referral.* Need to build relationships with community providers, who to contact and how; how to help the community provider understand the purpose of social prescribing and the components of a social prescribing pathway; need for community provider to understand the individual's interests, motivations and values for health and to be confident that they can meet them; importance of the. Individual having a clear understanding and realistic expectation of what the provider can offer.
- 3.2 *Describe the policies and procedures that a community provider must provide before a referral takes place:* The importance of policies and procedures relating to safeguarding, confidentiality and data protection, health and safety, equality and diversity, recruitment and training and development; ensuring community providers understand the importance of

these policies and procedures and why they have to be checked before a referral can take place.

- 3.3 *Explain the additional support that the individual and the community provider might need for a successful referral to take place:* Barriers to access and how they might be overcome, role of community provider in supporting the individual to overcome barriers identified, the resources available to a Link Worker in working to overcome the barriers identified; arrangements for working with the community provider to provide support to the individual throughout their placement; ensure that community provider is aware of support available from the health and care system and the process for referring an individual back into the health and care system, including when an emergency intervention is required.

#### 4 **Understand the role of a Link Worker in making a successful referral to community provision**

- 4.1 *State how feedback could be obtained from both the individual and the community provider around the impact of the referral:* Use of tools such as ONS Wellbeing Scale and Patient Activation Measurement at baseline and at appropriate intervals, review of Action Plan at regular intervals. Use of feedback forms and other tools, regular contact to discuss the progress of individual referrals, scheduled review meetings to discuss effectiveness of overall partnership working.
- 4.2 *Explain the additional considerations and actions that might need to be written into a new action plan:* Importance of exploring areas of success, building self-efficacy, reinforcing positive changes; identifying and exploring areas where progress has been slow; Identification of factors affecting progress that are beyond the individual's control;. Agreement on support mechanisms that might need to be introduced or strengthened to enable progress. New SMART goals agreed and written into plan.

#### 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 social prescribing 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 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 social prescribing 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 service to internal and external stakeholders; local procedures for collecting quantitative data as part of services.

- 5.3 *How qualitative data can be used to monitor, evaluate and report the impact of social prescribing services and interventions:* Use of qualitative data in producing case studies demonstrating impact of social prescribing services; local procedures for collecting quantitative data as part of 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 client's 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 that can support an individual to change their behaviour:* The underlying 'spirit' of motivational interviewing; how motivational interviewing can help an individual to explore their readiness to change their health behaviour; **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 summarised.
- 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 **TWO** competent consultations with a service user, or **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](http://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](http://www.rsph.org.uk)).

### Mapping

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

SFHHT1 Make relationships with communities

SFHHT2 Communicate with individuals about promoting their health and wellbeing

SFHHT3 Enable individuals to change their behaviour to improve their own health and wellbeing

SFHHT4 Manage and organise your own time and activities

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 – Social prescribing and community-based support

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](http://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](mailto: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](http://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](http://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](http://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:

The Qualifications Department,  
Royal Society for Public Health,  
John Snow House,  
59 Mansell Street  
London E1 8AN

Tel. 020 7265 7300  
Fax. 020 7265 7301  
E.mail  
[examinations@rsph.org.uk](mailto:examinations@rsph.org.uk)  
[www.rsph.org.uk](http://www.rsph.org.uk)