Section A: CPHE to complete	
Name:	Diana Moss
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Guidance title:	Behaviour change
Committee:	Programme Development Group
Subject of expert testimony:	Behaviour change – Behaviour Change Qualifications
Evidence gaps or uncertainties:	Provide the PDG with an overview of the development and content of the 'Understanding Health Improvement programme' (and associated qualifications) • What are the competences associated with the programme, and how are they developed during delivery of RSPH qualifications? • Is there a need for behaviour change qualifications targeting specific behaviours or are more generic cross cutting qualifications appropriate? • Does delivery of behaviour change interventions or techniques need to be altered to meet the needs of different population groups?
Section B: Expert to complete	
Summary testimony:	

Overview of the development and content of the 'Understanding Health Improvement programme' (and associated qualifications)

RSPH Role & Function

- Independent, multi-disciplinary organisation , dedicated to the promotion and protection of collective human health and well-being
- Awarding organisation regulated and subject to the code of practice of Ofqual (formerly Qualifications & Curriculum Authority -QCA)
- Portfolio of qualifications relevant to the workplace
- Website policies:

http://www.rsph.org.uk

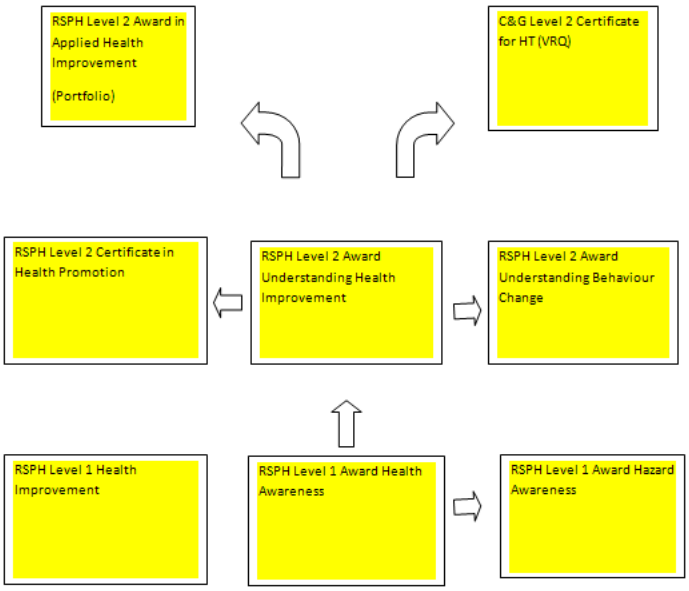
Recognition and regulation by Ofqual assures that the awarding organisation in getting a qualification accredited has

- Governance arrangements; securing any potential conflict in interest in the development and delivery of awards, standards of qualification and public interest
- Integrity, systems, processes, resources, finances and facilities for the development, delivery and award of any qualification
- Understanding of, commitment to, and approach to the development, delivery and award of qualifications, ensuring they are valid, reliable, comparable,

manageable, minimise bias and are compatible with requirements of Equalities legislation

RSPH Qualifications are on the Qualifications and Credit Framework (the national credit transfer system for regulated qualifications in England, Northern Ireland and Wales). Centres approved to deliver these qualifications are registered with RSPH, meet criteria for centre approval as well as individual qualification approval.

Awards in the RSPH Health Improvement suite and possible progression



What are the competences associated with the programme, and how are they developed during delivery of RSPH qualifications?

The level 2 Understanding Health Improvement (UHI) and Level 2 Understanding Behaviour Change (UBC) programmes are both mapped to the National Occupational Standards (NOS) HT2 and HT3.

It is important to note that National Occupational Standards focus on what a person must know, understand and be able to do to work effectively; they are not in themselves levelled. Some will span all levels whilst others may be appropriate to a specific level on the career framework.

The standards underpinning these competencies were first developed by the British Psychological Society (commissioned by DH), the Sector Skills Councils; Skills for Health, Skills for Care and Skills for Justice are responsible for updating and review of the standards (for Health Trainers).The excel spread sheet shows where these awards have been matched to HT 2 and HT3 and where additional input would be required to cover all the criteria. (Green- Fully covered, Yellow –Partially covered, Red- Not covered).

The number of certificates issued for UHI between November 2011 and November 2012 was 4,523. There are 281 centres across the country currently offering the UHI award. To date there are 24 centres registered to offer the new UBC award (Qualification accredited in September 2012). The first centre to enter candidates for

UBC has successfully put 17 candidates through the examination.

Maximising opportunities to make every patient contact count , both the Yorkshire and the Humber Competence Framework[1] , and the East Midlands Behaviour Change Care Pathway and Competence Mapping tools[2] , are derived from a cross section of these same competency units and part standards 'lifted ' from other areas/disciplines. Thus these awards provide some of the underpinning understanding, knowledge and competence in these frameworks.

How competence in the learner is developed during delivery of the programme is the domain of the Centre (registered with RSPH as the awarding organisation). An adult learning style is promoted during Train the Tutor Events and tutors encouraged to make reference to local examples where appropriate. This not only makes the learning meaningful but also develops the learner to be fit for the intended purpose. Flexibility enables tutors to expand on areas of specific interest, however only the core syllabus is examined.

Examination of UHI and UBC are both by short 45 minute multiple choice examination (achieving 20 out of 30 correct answers), these primarily assess 'know how'.
Portfolio examined awards such as the level 2 award in Applied Health Improvement provide evidence of a candidates ability to demonstrate their application of knowledge and understanding in practice –the 'show how'.

Portfolio assessment of competence for RSPH Level 2 Award in Applied Health Improvement is the only RSPH health improvement programme at this time providing an assessment of the candidates' performance of competence.

The RSPH Level 1 Health Improvement, a mandatory unit for the Youth Health Champion programme, (currently in development 14yrs upward) is assessed by a workbook and has a progression route in which additional optional modules focus on knowledge development of Alcohol misuse, Encouraging physical activity, Sexual health, Smoking cessation, Substance misuse, Weight management and healthy eating. These will also be available as single-unit qualifications.

Is there a need for behaviour change qualifications targeting specific behaviours or are more generic cross cutting qualifications appropriate?

The RSPH awards are generic cross cutting qualifications focussed on supporting healthy lifestyle messages (effect of lifestyle, attitudes, smoking, diet, physical activity, alcohol intake and sexual health on health).

UHI aims to provide knowledge and understanding of the principles of promoting health and wellbeing and of how to direct individuals towards further practical support in their efforts to attain a healthier lifestyle.
The qualification covers examples of inequalities in health within the UK, explains

[1] Yorkshire and The Humber Prevention and Lifestyle behaviour Change – A Competence Framework

[2] An Implementation Guide and Toolkit for Making Every Contact Count:
Using every opportunity to achieve health and wellbeing
Tools and resources-The Behaviour Change Care Pathway and Competence Mapping

possible reasons for why there are inequalities in health and current approaches to tackling these inequalities. How individuals can help others improve their health is central to this qualification, are how effective communication can support health messages, how to promote improvements in the health and well-being of others and understanding the impact of change on improving an individual's health and well-being.

UBC aims to provide the learner with the knowledge and confidence to offer opportunistic brief advice to, or engage in brief interventions with, individuals about behaviour change which could improve their health and well being.

Neither is intended to support individuals in the specific management of depression, insomnia, problematic gambling, crash or injury prevention, self management and chronic disease as described by Browning and Thomas[3].

Does delivery of behaviour change interventions or techniques need to be altered to meet the needs of different population groups?

Delivery of the RSPH programme syllabuses allows flexibility for the trainer to include variation to meet the needs of different population groups.

Both UHI and UBC programmes focus on individual behaviour change and incorporate how models of behaviour change can be used to support individuals to adopt healthier behaviour.
They provide an outline of: theory of planned behaviour and reasoned action model, stages of change model, health belief model. And the application of the models by; sharing with the individual to raise awareness of motivation, using them to explore process and possible outcomes, including the possibility of relapse, as well as using them as a catalyst for promoting the adoption of positive behaviour in an individual.

RSPH Health Improvement qualifications aim to support the four objectives of the Public Health Outcomes Framework[4]:

1 Improving the wider determinants of health

2 Health Improvement

3 Health protection

4 Healthcare public health and preventing premature mortality

Used widely across all sectors and in a range of settings[5] RSPH developed a national cascade training model that supported and helped the delivery channel to grow organically and to reflect local needs and settings. In so doing, it helped build capacity, supported and developed by the local HT hub. Whilst some areas have retained the HT hub model, transferring it to the Local Authority as part of the Public Health team this is not the case everywhere.
As an organisation RSPH is sensitive to both the immediate and longer term implications of this for the support and guidance of Health Champions and Health

[3] Browning J and Thomas S Behavioural Change – An evidence-based Handbook for Social and Public Health

[4] Improving outcomes and supporting transparency Part 1: A public health outcomes framework for England, 2013-2016 p 22 para 4.8

[5] RSPH Healthy Communities Guide

Trainers. RSPH is especially keen to explore its potential to provide a knowledge hub and network for HCs and HTs possibly providing a mechanism for safeguard and risk management where Health Champions operate in isolation. Having a network of around 3,500 individuals committed to this work who form a community of practice, RSPH would be able to use them for your future consultations as well as all our Centres and the wider membership of both RSPH and IHM[6].
References (if applicable):

[6] The Institute of Healthcare Management (IHM) joined the Royal Society for Public Health (RSPH) on Friday 26th October 2012.