Where have the competences come from?

Skills for Health (the Sector Skills Council for the UK Health Sector) and representatives from the British Psychological Society have drawn up these competences drawing from:

- Existing national occupational standards – including those for the Practice of Public Health (Skills for Health, March 2004), Community Development Work (Lifelong Learning UK, 2003) and for Health and Social Care (Skills for Health, 2004)
- Evidence of effectiveness in individual behavior change
- Feedback from the Early Adopter sites and others.

Some of the national occupational standards have been used as they stand (i.e. those labeled as HT1 and HT4) whereas others have been adapted to focus on the specific function of health trainers working with individuals on behavior change (i.e. HT2 and HT3). The table below shows the competences that have been identified to date as capturing the main aspects of the health trainer role.

National Occupational Standards (NOS) for the Practice of Public Health	**Draft competences relevant to the work of Health Trainers based directly on the NOS**
CDW A1 Make relationships with communities	HT1 Make relationships with communities
PH02.01 Communicate with individuals, groups and communities about promoting their health and wellbeing	HT2 Communicate with individuals about promoting their health and wellbeing
PH02.02 Encourage behavioral change in people and agencies to promote health and wellbeing	HT3 Enable individuals to change their behavior to improve their own health and wellbeing
HSC 244 Manage and organize time and activities to support individuals in the community	HT4 Manage and organize time and activities to support individuals in the community

Who are the competences aimed at?

The competences describe what a health trainer needs to be able to know and do when they are fully developed in their post. The overall focus is working with individuals to enable them to change their behavior in relation to health in a general sense i.e. the competences do not include specialized input in any area (egg smoking cessation, diet etc.). Individuals employed as health trainers (either on a paid or unpaid basis) might take a number of months to achieve the competences - this will depend on the knowledge, understanding and skills they have before they take up the post. The competences should inform the recruitment of health trainers although it is to be expected that development opportunities will be made available on recruitment and as individuals develop in post.

Who will health trainers work with?

These competences were initially designed for health trainers working with adults, specifically those individuals who have less contact with healthcare services. However the competences have been tested with other groups (such as children and young people, those with long-term conditions) and it has been shown that they can also be used with these populations.

Are there any circumstances in which health trainers will work solely with groups?

The way that health trainers were conceptualized in the *Choosing Health* White Paper was in relation to facilitating personal behavior change. From discussions with the Early Adopter sites and others, it is clear that the health trainer development has been taken up and used in a large number of areas and by a range of different organizations and agencies working with a wide range of communities. The Department of Health wishes to retain the central concept of health trainers being about facilitating personal behavior change. There is a lack of evidence to date as to whether individual behavior change can be achieved solely through group work and whether different competences would be needed to achieve this. Organizations that have developed their services as a result of the health trainer initiative, but do not have individual behavior change as a central focus of this role, are encouraged not to badge these developments as relating to health trainers.

How will health trainers work with groups?

Health trainers will have to find ways of developing relationships with communities and individuals and building their trust before they can effectively undertake work on individual behavior change. How this is done will depend on the service design that is set up locally and within which the role of health trainers sits. Given that the focus of Health Trainer work is individuals who do not usually access health services / are often excluded from services, health trainers will need to access individuals through engaging and interacting with members of the community such as in community groups. For example, health trainers might have as a part of their role running a community group with the aspect of individual behavior change being an extension of this role. Alternatively health trainers might link in with local community groups but not take an active role in running those groups themselves. When health trainers are established they might also have individuals referred directly to them by other workers and agencies. This is why it is important that health trainers have skills in engaging with communities.

How do the competences relate to the statements in the White Paper *Choosing Health* on health trainers?

The competences have been directly informed by the guidance in the White Paper on the role of health trainers. This is set out below.

White Paper statements	Competences for health trainers
• help local people make the changes they want to … friendly, approachable, understanding and supportive (Para 11)	HT3 Enable individuals to change their behavior to improve their own health and wellbeing
• offer practical support (not	HT2 Communicate with individuals

preaching) • good connections with advice and support locally • practical resource to 'help out' on health choices – guide to those who want help • different neighbourhoods, different kinds of health trainers (Para 12)	about promoting their health and wellbeing HT3 Enable individuals to change their behavior to improve their own health and wellbeing
• range of approaches grounded in psychological science can help people in changing their habits and behaviours (learning how to watch for things that trigger / reinforce behaviour, set goals and plan how to achieve them, build confidence to make changes) • skills to reach out and help people in the round (Para 14)	HT3 Enable individuals to change their behavior to improve their own health and wellbeing HT1 Make relationships with communities
• individuals should be able to contact health trainers direct / people working in the NHS etc. can put people in touch with health trainers (Para 16)	HT1 Make relationships with communities
• If people want it, health trainers will provide: - Advice and support to develop personal health guide including: defining changes want to make, advice and practical support, explain how to access other services locally - Health stock take	HT1 Make relationships with communities HT2 Communicate with individuals about promoting their health and wellbeing HT3 Enable individuals to change their behavior to improve their own

- General advice on improving health and on specific issues (egg stopping smoking) - Help access other support (Para's 18-20)	health and wellbeing
To achieve the above health trainers will also need to:	HT4 Manage and organize time and activities to support individuals in the community

How will the competences be assessed?

Like all competences, it will be necessary to:

- See that the individual can meet the performance criteria within the competences in practice – sometimes called 'shows how'.
- Be sure that the individual understands why they are doing something and the basis of their decisions (the knowledge and understanding descriptions in the competences) – sometimes called 'knows how'.

The competences will be assessed when individuals:

- Are developing their knowledge and skills during initial training and development (such as on formal training programs and in work placements)
- Are learning to apply their knowledge and skills in practice (such as when health trainers first work with communities and individuals and are receiving supervision and mentoring)
- Are undertaking their post as a health trainer on an ongoing basis (such as during the KSF development review process, during ongoing supervision of practice).

Where health trainers are being developed and employed locally, coordinators are encouraged to make sure that individuals who are training to be health trainers maintain a portfolio of their work. This will enable them to gain credit and recognition for their achievements in the future.