Appendix B.3 Training and Accreditation

Training and Accreditation
See Interim Report 3.2

HTs Benefits of Training

- Increased Knowledge & Understanding: 18
- Help others: 8
- Develop skills: 5
- Improved own health/lifestyle: 5
- Other: 11

**Learnt how to help people without putting them under stress**
- Yes
- Yes
- Yes definitely

**I have improved my social skills**

**Learning new tools**

**Understanding more on how to live a balanced lifestyle**
- By eating more healthily talking exercise

**Knowledge, experience**

**Improved knowledge of health issues, Improved knowledge of behaviour Change techniques and community development**

**It has opened my eyes to how inadequate and inappropriate the City & Guilds paper is (not relevant to our needs)**

**Much more awareness of healthier lifestyle and well being**

**Learnt a lot of my post as a H/T and use this in my role**

**It has given me knowledge of Health Trainer Service**
- Very useful and constructive

**Gained knowledge to do job, meet other HTs**

**So far I am learning a lot about policies and procedures, role of HT and various agencies locally**
- Yes, improved myself socially and more interactive with colleagues

**I have gained knowledge and information about the social inequalities in communities, It is also stimulating and educational**

**Learnt about health training (only at beginning stage of training)**

**Yes, increased knowledge on health, issues, promotion, working with clients, would have liked more training on behaviour change therapy**

**I have learnt a lot about health promotion, especially on health behaviour change, which has helped when seeing my clients. I have also learnt a lot about some aspects of health but still have a lot to learn!**

**I have benefited a lot. I have gained more knowledge and information and I feel more confident in passing this onto clients. This has been especially useful in my day to day work at the children’s centre and I feel that parents look to me more now for advice and support in this area. I have also thought a lot more about my own health and changes that I can make personally to make me healthier**

**Learnt how to help people make life changing decision, know more about health promotion**

**Increased my knowledge of health promotion and introduced me to other department/services involved with drugs, alcohol, mental health etc**

**Networking and gaining further knowledge**

**Ok**

**Knowledge of service and what to do**

**Very much, it has en-lightened me in all areas on different issues and gave me confidence**
**Key**
- Training
- Quality; Content
- Portfolios
- Competencies; Assessment of Competencies
- Training Needs
- New Areas; Areas Needed
- Accreditation
- C&G RIPH

**Other**

**HT Recommendations / Any other comments**

I think the C&G award should be reviewed to include individual case studies and reports by other agencies on our performance.

Also we have no mentor as in job description and nobody supervising our sessions with clients.

I feel we made contact with clients too early (after 3 months training) it’s been rather difficult collecting info, learning, making contacts with other services and seeing clients.

I feel a lot of time is spent on the portfolio and with more guidance we could be a little more efficient in collecting our evidence.

Training period too short to learn skills required.

**Accreditation Recommendations / Any other comments**

Targets for number of clients seen, better advertising and more realistic approach to setting up – this is a business we have set up from scratch without a business plan.

A tutor to work with me to help me understand more with what I am doing. My dyslexia is a problem with my work.

**Line Managers**

**What are the key features of the HT Training Programme?**

Initial training programme covered all key topics/competencies and some mandatory trust training.

Behaviour change/role of HT/Improving Skills/Confidentiality/Promotion x 3

How to interview people and how to communicate.

Training based on competencies and community profile and competency assessment portfolio and City & Guilds workshop (ongoing).

21 days initial training for local accreditation ongoing training towards C&G

Basic training covering competencies.

Key units on behaviour change and communication.

HT involvement in identifying ongoing training needs. Separate City & Guilds training (was not available at start of project).

Very comprehensive – behaviour change management, lifestyle issues, inequalities etc.

**What, if any, involvement do you have with the HTs’ Portfolio?**

I will be supporting HTs and motivating them to complete set tasks.

None.

**Additional support to tutor role**

None – HT Service Lead and HT Tutor.

I assess their local accreditation portfolios.

They don’t have one; I’ve been closely involved in arranging and delivering training and have been trying to set up portfolio support.

**Recommendations / Any other comments**

Our health training doesn’t have a detailed portfolio like in other areas. We moved straight to the C&G award and their evidence collecting has been based on this.

Evidence portfolios took a long time to short out as did an awarding body to deliver qualification.

After complete portfolios which work then successfully assessed by (Named HTT). Portfolios were taken by L.L. (some 2 months ago) nothing else happened! C&G not started yet.
Specific support for HT’s might be needed to put together a portfolio. Still need to develop a system to sign off competence.

Evidence

If HTs use a portfolio, how is this assessed? Please describe formally by HT tutor
B learning links
L: L not satisfied portfolios are complete but no progress
BY portfolio tutor monthly 1:1 sessions
All competencies for work accreditation assessed by line manager

Recommendations / Any other comments
Still waiting for results. This has taken some time now. It is a long leap from no qualifications to written C&G assignments. Assess literacy levels and run into the C&G with shorter assignments.

Project Managers
What are the key features of the HT Training Programme?
Whole day workshops incorporating C&G assignments and preparing for practical work
Curriculum based on C&G course with additions/enhancements for local needs.
Developing community profile in 1st 20 weeks.
Healthy eating, physical activity, weight management, alcohol, drugs, smoking cessation, sexual health, child/vulnerable adult protection, motivational interviewing skills, domestic violence and PCT structures/policies

Recommendations / Any other comments
Key training (first 6 weeks) enables trainees to signpost while completing the training
Training done in 2 stages. First 20 weeks = initial prep and developing community links, then City & Guilds workshops, when working with clients. Duration of training is dependent on HTs working days and availability of trainers.

If you use a portfolio, how is this assessed? Please describe
Internally assessed by tutors and line manager
Support tutor/assessor reviews evidence against competency (1-3 items expected for each criteria) second review sample undertaken for internal consistency.

Recommendations / Any other comments
City and Guilds assignment require practice experience to complete appropriately, so this two stage approach seems to work best for local need. From learning from pilot site, where HTs did not start C&G until some time after being in post/training, other HTs will commence approx 4 months after having client contact. This will give them some operational experience before studying for C&G.

HTT
What are the key features of the HT Training Programme?
General familiarisation with intended role, development of understanding of theoretical basis to interventions. Developing of competence and demonstration of this through portfolio work and practice feedback
Establishing and maintain relationships with communication with individuals about prompting health, enabling behaviour change skills and time management.
We deliver the RIPH level 2 UHI and C&G level 3 HT programme
Skills based on strong underpinning knowledge element. Development of distance and relevant competencies

Achieving Competence / Accreditation
How do you record achievement of National Competencies?
Portfolio – completion of personal portfolios to demonstrate ability to fulfil HT role and competencies. Portsmouth HTs divided portfolio into the stages of the scheme behind an index of evidence sheet.
Portfolio – A detailed portfolio is constructed and addresses all key national competencies. Evidence of achievement for each competence must be produced. Portfolio – Local accreditation – showing evidence to meet competencies and C&G level 3 certificate for Health Trainers. Other – Through C&G accreditation.

If you use a portfolio, how is this assessed? Please describe:
First assessed by HT then by usual HTT followed by another HTT who doesn’t not usually see these HT’s. Course tutor assess portfolio against national competencies Against the competence criteria.

Evidence used to determine competence:

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<tr>
<th>Evidence</th>
<th>Project Man</th>
<th>Line Man</th>
<th>HTT</th>
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<tbody>
<tr>
<td>Observation</td>
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<td>Case Study</td>
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<td>Witness Statement</td>
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<td>3</td>
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<tr>
<td>Client Feedback</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>8</td>
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<td>3</td>
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Other includes:
- All of the above are valid types of evidence that could and will be used.
- Will also expect wider forms of evidence of activity.
- A selection of all surveys, acknowledgement and monthly reports
- Based on informal judgement of line manager
- All and photos, minutes of meetings, evaluations, presentations, diaries and record keeping
- Reflection/self assessment peer review
- Written tests/exercises

Good Practice Reported by Respondents
From Project and Line Managers
Having assessor experienced in portfolio work
Learning from other PCT areas through the S/C Hub Group

From Health Trainer Tutors/others
Good guidelines for portfolio compilation
Clear roles and training objectives, linkages between training received and role relevance, practical skills training combined with robust underpinning knowledge and wide variety of delivery methods.

From Admin
Good communication, sharing of knowledge and experiences, training opportunities. Recruiting and training members of the (named) community to become Health Trainers, making it easier to reach and liaising with clients.
As an educational charity, our organisation was able to provide a training programme according to the Department of Health’s requirements.

Case Study 1
Yes we are all at the same level and we are all doing A level in health trainers. We have done loads of training but we have to do this equivalent of A level. City and Guilds? Yes.
So you are working towards City and Guilds but do you also do a portfolio to demonstrate your ability to meet the national competencies? Our assignments we have to put all that together yes and then hand that in.
We have been asked what training do we think we need more of and I said I would like training in domestic violence, suicide prevention and those sort of areas, self harm, all those sort of stuff which has not been covered yet which I have come across.
How many days training did you get? We have done loads on different things.
But you don’t have a portfolio? No but I think they are in the progress of getting all the training that we have done together and doing a portfolio for us.
Do you use the British Psychological Society’s Handbook at all? No. Yes we have got those tools and we use them. They are very good. We used them for ourselves when we were doing the training.

Case Study 2

How much training did they have?
Absolutely loads. They must be one of the best trained workforces in (name). I have a list in the office. I think the first intake of health trainers did something like two weeks of really intensive training to get the basics down and then every team meeting we had another little bit of training or we would focus on some aspect of the service and so the initial training might have included all the behaviour change, communication skills, motivational interviewing etc as the basis of their interaction with the client, all the main health messages and then some basic stuff on what is health and different models of health, health inequalities, filling in paperwork.

So you went through all the know how’s in the competencies?
Yes it was all based on the competencies. Knows how’s and the shows how’s but obviously a lot of it can’t show until they are working on it but they had a basic amount of training that they had to do before they were allowed to go

Who did the training for you?
It was a big mixture. There were four core units with behaviour change, motivational interviewing, communication skills and a fourth. Those initial ones were delivered by (name) who is an independent trainer who came all the way from Hull to do it. She used to work in (name) and so it was known that she was very good. Then she wasn’t able to deliver to the more recent group we had in so that was done by (name) and also it has depended on what it is really, so lots of people from the PCT have done training free for us and I had another independent trainer come in to do something on outreach work. There is quite a lot of statutory training that is already on offer that we send people to in the PCT, I’ve done some of the training – things like filling in the paperwork and stuff, some of the systems we’ve developed so I might as well teach them and then we have had RIPH level 2 course more recently which (name) Mental Health Trust delivered and we have been doing City and Guilds and that was a partnership between (name) and myself doing some of the tutoring but under their umbrella as the awarding body or awarding centre.

Did all the HT’s do the RIPH?
Yes. They all passed with credit.

And what about City and Guilds, are all the HT’s doing that?
Everyone is doing City and Guilds but only one has completed it now and she has left unfortunately. Everyone else is working towards it. Also we had a volunteer who has completed it. The reason why she was doing it is I was hoping she could tutor in the future and so I wanted to get her that qualification, you have to have at least that level of qualification.

Did anyone do a portfolio?
No we haven’t done any portfolios yet. Again we were in discussion with someone about delivering the portfolio but it’s really down to (name) now I think. I think she has asked (name) if they could do some work on portfolio and I have suggested perhaps linking in with someone from our project as well because I think they will need more support from my experience with City and Guilds. I think they might need some individually tailored support to pull all their evidence together and organise their portfolio.

GP registrar, trainee person and she helped to develop monitoring systems and I think she did a little bit of the training.

Recently we have just got a new community food worker and we’re setting up some more training in basic skills and health.

How do they demonstrate that they are capable of doing the HT role?
Well this is where the portfolios would come in

Is the training they get ongoing?
Yes – bits and bobs as it comes up. Some of the HT’s recently did suicide awareness prevention training and they all had an introduction to smoking cessation and they have had the next stage training now where they can use co monitors and give more in depth
advice so building on existing skills. I know they want more training on mental health and they have had an introduction.

On the City and Guilds, basically I co-delivered the training anyway with (name) who has just left (name) and (name) who is still there. There are four units and we had five sessions over five months, the first one was just a general introduction to the award and where people are at now and one of the things we didn’t do which but I think they are doing now, which is a good idea, is to assess peoples existing levels of skills, literacy, numeracy and so on and each subsequent month was a unit.

We got through it quite quickly because they had already done a lot of the learning so it was quite a lot of revision really and then focused on the assessment questions and what they would have to do to complete them;

with the Santosh one practising filling out SMART goals and things like that and then from there on

we split into two tutor groups, (name) had three and I had three, five HT’s plus (name) who was the volunteer I mentioned.

The idea was that we would do the training day and then two weeks later people would have drafted their assignment and we would have a tutor group to work on that and then if they need any extra support they could contact their tutor.

They would hand their assignment in before the end of the month and before the next unit.

In practise it went very well on the first unit and then people started to have difficulties and also we had quite a lot of absence with the HT’s.

I think when they had difficulties they skived their tutor group because they didn’t want to say so in the end it turned out to be much more one to one, chasing people up and meeting them and seeing what’s happening there was one person in my group who was having serious difficulty and it was to do with existing skill levels.

Now that is realised I think they are doing it differently. It hadn’t come up in any of the previous training but because it was a written assignment it was a very different kind of thing and it has been hard for some of the HT’s to do a written assignment.

**You were their line manager and their tutor so you had more than one role?**

Yes but obviously some of them had (name) as their tutor they were given a choice, some wanted to have me because they knew me and wanted a comfortable tutor to work with.

We had a dietician who came and did some of the healthy eating training and then if they come across a client maybe a pregnant woman with an iron deficiency, I don’t know what to suggest to her, they could phone her up and get some support from the expert in that field and if its complicated they will refer them once they have had that discussion.

I do want to build on links to the service and so I have got some money to do basic skills and health to do more training within the community and to try and give people pathways into doing HT or similar roles as they come up.

The course that we are doing will improve basic skills and improve their knowledge of health issues which will benefit them anyway if every other area of their life probably as well and then hopefully they can progress onto RIPH training if I can find funds to do it and I know some places like the children’s centre might find the funds for us to work with their teams.

I think having more money would probably help, we could do more events and promotions and maybe more confidence building with the HT’s themselves in some cases. There might be one or two who are not so confident at putting themselves forward.

**Telephone Data**

We recruit for interpersonal skills and then we use the training programme to add knowledge and techniques. Our volunteers are self-selecting, and so far we have not had anyone not keeping up with the training. We are doing City &
Guilds, as for our volunteers this is often a way back to work and it is something for them to have that will help with that. We have also done RIHP, all of them did that quite easily.
### Themes Analysis

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There is quite a lot of statutory training that is already on offer that we send people to in the PCT. I've done some of the training – things like filling in the paperwork and stuff, some of the systems we've developed so I might as well teach them. Then we have had RIPH level 2 course more recently which (name) Mental Health Trust delivered and Guilds.

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Our volunteers are self-selecting, and so far we have not had anyone not keeping up with the training. Portfolios...Competencies Assessment of competencies...I feel a lot of time is spent on the portfolio and with more guidance we could be a little more efficient in collecting our evidence portfolios took a long time to sort out as did an awarding body to deliver qualification. After complete portfolios which work then successfully assessed by (Named HTT). Portfolios were taken by (organisation) (some 2 months ago) nothing else happened! Specific support for HT's might be needed to put together a portfolio. Still waiting for results if portfolios. This has taken some time now.
Support tutor/assessor reviews evidence against competency (1-3 items expected for each criteria) undertaken for internal consistency.

Portfolio – completion of personal portfolios to demonstrate ability to fulfil HT role and competencies, portfolio into the stages of the scheme behind an index of evidence sheet.

Portfolio – A detailed portfolio is constructed and addresses all key national competencies.

Evidence of achievement for each competency must be produced

Portfolio – Local accreditation – showing evidence to meet competencies and C&G level 3 course.

(Good Practice) Having assessor experienced in portfolio work

Good guidelines for portfolio compilation

So you are working towards City and Guilds but do you also do a portfolio to demonstrate your national competencies? Our assignments we have to put all that together yes and then hand that in.

But you don’t have a portfolio? No but I think they are in the progress of getting all the training that we have done together and doing a portfolio for us.

So you went through all the know how’s in the competencies? Yes it was all based on the competencies. Knows how’s and the shows how’s but obviously a lot of it can’t show until they are working on it but they had a basic amount of training that they had to do before they were allowed.

No we haven’t done any portfolios yet. Again we were in discussion with someone about doing a portfolio for us.

I have suggested perhaps linking in with someone from our project as well because I think they had some experience with City and Guilds.

I think they might need some individually tailored support to pull all their evidence together and organise their portfolio.

How do they demonstrate that they are capable of doing the HT role? Well this is where the portfolios would come in.

Internally assessed by tutors and line manager

Support tutor/assessor reviews evidence against competency (1-3 items expected for each criteria) undertaken for internal consistency.

(assessed) formally by HT tutor

(assessed) By (organisation) (Organisation) not satisfied portfolios are complete but no progress

(assessed) By portfolio tutor monthly 1:1 session

All competencies for work accreditation assessed by line manager

First assessed by HT then by usual HTT followed by another HTT who doesn’t usually see these HT’s.

Course tutor assess portfolio against national competencies

(assessed) Against the competence criteria

Competence assessed – Through C&G accreditation

Training Needs

new areas

HT involvement in identifying ongoing training needs. Separate City & Guilds training (was not available at start of project)

We have been asked what training do we think we need more of and I said I would like training prevention and those sort of areas, self harm, all those sort of stuff which has not been covered.
**areas needed**

Recently we have just got a new community food worker and we’re setting up some more training in basic skills and health.

Some of the HT’s recently did suicide awareness prevention training and they all had an introduction to smoking cessation and they have had the next stage training now where they can use co monitors and give more in depth advice so building on existing skills.

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I have got some money to do basic skills and health to do more training within the community and into doing HT or similar roles as they come up.

The course that we are doing will improve basic skills and improve their knowledge of health in every other area of their life probably as well.

I think having more money would probably help, we could do more events and promotions as well with the HT’s themselves in some cases. There might be one or two who are not so confident.

**Accreditation**

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<tr>
<th>C&amp;G</th>
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Everyone is doing City and Guilds but only one has completed it now and she has left unfortunately. Also we had a volunteer who has completed it. The reason why she was doing it is I was hoping she could tutor in the future and so I wanted to get her that qualification, you have to have at least that level of qualification. because I think they will need more support from my experience with City and Guilds. There are four units and we had five sessions over five months, the first one was just a general introduction to the award and where people are at now and one of the things we didn’t do which but I think they are doing now, which is a good idea, is to assess peoples existing levels of skills, literacy, numeracy and so on and each subsequent month was a unit. We got through it quite quickly because they had already done a lot of the learning so it was focused on the assessment questions and what they would have to do to complete them; we split into two tutor groups, (name) had three and I had three, five HT’s plus (name) who was the volunteer. The idea was that we would do the training day and then two weeks later people would have drafted their assignment and we would have a tutor group to work on that if they need any extra support they could contact their tutor. In practise it went very well on the first unit and then people started to have difficulties and all the HT’s think when they had difficulties they skived their tutor group because they didn’t want to say more one to one, chasing people up and meeting them and seeing what’s happening. There was one person in my group who was having serious difficulties and it was to do with existing skill levels. It hadn’t come up in any of the previous training but because it was a written assignment it was a very different kind of thing. It has been hard for some of the HT’s to do a written assignment. Yes but obviously some of them had (name) as their tutor; they were given a choice, some wanted to stay with me and wanted a comfortable tutor to work with. Hopefully they can progress onto RIHP training if I can find funds to do it and I know some places like the children’s centre might find the funds for us to work with their teams.

We are doing City & Guilds, as for our volunteers this is often a way back to work and it is something for them to have that will help with that. We have also done RIHP, all of them did that quite easily.

Other

Also we have no mentor as in job description and nobody supervising our sessions with clients. I feel we made contact with clients too early (after 3 months training) it’s been rather difficult to make contacts with other services and seeing clients. Learning from other PCT areas through the S/C Hub Group. Recruiting and training members of the (named) community to become Health Trainers, making it easier to reach clients.

Do you use the British Psychological Society’s Handbook at all? No. Yes we have got those tools and we use them. They are very good. We used them for ourselves when we were doing the training.
GP registrar, trainee person and she helped to develop monitoring systems and I think she did a little bit of the training.

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<tr>
<td>Targets for number of clients seen, better advertising and more realistic approach to setting up from scratch without a business plan!</td>
</tr>
<tr>
<td>A tutor to work with me to help me understand more with what I am doing my dyslexia is a problem with my work</td>
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