



# COMMUNITY HEALTH AND WELLBEING WORKER

## Details of standard

### Occupation summary

This occupation is found in different organisations and is commissioned by a range of agencies, including local government, the NHS, and other funders such as voluntary, community and social enterprise (VCSE) organisations.

Community Health and Wellbeing Workers are a rapidly expanding workforce supporting the increasing emphasis across government departments on improving the health of local people and communities by preventing poor health and tackling inequalities. Their work is informed by the wider social determinants of health, such as the social, cultural, political, economic, commercial and environmental factors that shape the conditions in which people are born, grow, live, work and age.

The broad purpose of the occupation is to work in partnership with individuals and their communities to identify and address health and wellbeing needs, improve health, prevent ill-health and reduce inequalities. To do this, Community Health and Wellbeing Workers need to:

- address the causes of poor health and wellbeing in the broadest sense (causes of the causes). They do this by taking an holistic 'whole person' approach regarding physical, mental, emotional and social health and wellbeing and resilience.
- work with individuals, groups and communities to identify what matters to them, building on their strengths to improve health and wellbeing.
- understand the local and accessible services and resources available, to which people in the community can be signposted to support their health and wellbeing needs.
- identify gaps in available services and resources preventing individuals and communities from achieving optimal health and wellbeing.
- build relationships with local organisations and groups.

Community Health and Wellbeing Workers:

- enable individuals, networks and the communities in which people live or work, and in the 'place' or locality in which people are living, to address unmet needs to improve their health and wellbeing.
- work autonomously within the scope of their role and within legal and ethical requirements to implement strategies and policies that promote health and wellbeing.

- manage data and information and maintain accurate records.
- provide interventions that support health and wellbeing for individuals in specific settings (e.g. education, healthcare, housing, criminal justice, job centres, workplace, community, care) or in different communities (e.g. Black, Asian and ethnic minority (including Gypsy, Roma and Traveller) communities, carers).
- use a range of methods, and behavioural science, working with people to develop their knowledge, skills and confidence to tackle their own problems and challenges affecting their health and wellbeing.
- work alongside people as equal partners, actively listening to what matters to them, building trust and rapport to help them to recognise what they need, and to connect them with the best available support or intervention to meet their need.
- help people to identify barriers preventing them from accessing local resources or existing services appropriately. They are at the front line of the evolving integrated health and care system, helping people to navigate complex services and providing coordination when necessary.
- identify appropriate support and where there may not be any obvious provision by statutory health and care services, connect with and involve the wider public, private and voluntary sectors, and potentially initiate new activities or programmes.
- work collaboratively to help people identify sources of support within their local communities (particularly underserved areas). Work with local groups and organisations to help develop support in relation to identified needs and resources (assets) within that community.
- work collaboratively with leading agencies to tackle health inequalities that occur when certain groups, or people in certain areas, suffer more ill-health than people like them in other communities, areas or places.

In their daily work, an employee in this occupation interacts with:

- individual people on a one-to-one basis and people in groups.
- community-based organisations and service providers (including voluntary or charity-based providers).
- NHS and local authority health and care professionals, individually and in teams.
- Lay and professional workers from other sectors, including people representatives such as faith leaders or parish and ward councillors, as well as organisations such as Healthwatch.
- peers (paid and voluntary) in their own or other organisations.
- other workers (paid and voluntary) who they may supervise.
- local health and wellbeing services, such as lifestyle support services, IAPT (Improving Access to Psychological Therapies).
- sources of digital help and support, including those supporting mental and emotional health and wellbeing.
- the private sector, e.g. retail firms, local businesses.

Their lines of management, supervision and performance monitoring can vary depending on the organisation in which they are based. They will usually report to a senior team leader, for example a public health practitioner.

An employee in this occupation will be responsible for:

- literature, information and materials (collateral) relating to health, care, education, welfare, employment, appropriate for different levels of health literacy and in a range of languages.
- worker (paid or unpaid) supervision and/or guidance.
- small local budgets, 'petty cash', or being an authorised signatory for small payments within the scheme of delegation.
- equipment and resources, such as supplying carbon monoxide monitors, using cholesterol testing kits, android or smart devices, laptops and secure file storage.

### Typical job titles include:

Care or service navigator

Community connector

Community health champion

Health trainer

Live well coach

Social prescribing link worker

### Occupation duties

DUTY	KSBS
<b>Duty 1</b> use preventative approaches to promote the health and wellbeing of individuals, groups and communities, addressing the wider determinants of health and causes of ill-health.	K1 K2 K3 K4 K5 S1 S2 S3 S4
<b>Duty 2</b> help communities to build local resilience and identify strengths, capacity and resources that support their health and wellbeing.	K6 K7 K8 K9 K10 S5 S6 S7 S8 S9 S10 B6
<b>Duty 3</b> provide informed advice about local services and projects that support health and wellbeing.	K11 K12 K13 S11 S12 S13
<b>Duty 4</b> manage referrals from a range of agencies, professionals and through self-referral.	K14 K15 K16 K17 S14 S15 S16 S17 S18
<b>Duty 5</b> apply behavioural science to help people find practical solutions for better health and wellbeing.	K18 K19 K20 K21 K22 K23 S19 S20 S21 S22 S23 S24 B2 B3
<b>Duty 6</b> implement actions set out in strategies and policies that promote health and wellbeing at community level.	K6 K24 K25 K26 K27 K28 S4 S25 S26 S27 S28
<b>Duty 7</b> communicate public health messages and information to promote health and wellbeing at an individual, group and community level.	K18 K29 K30 K31 K32 S29 S30 S31 S32 B4
<b>Duty 8</b> manage data and information and contribute to the evaluation of projects and services.	K15 K33 K34 K35 K36 S15 S33 S34 S35 S36 S37
<b>Duty 9</b> operate within legal and ethical frameworks that relate to the promotion and protection of the public's health and wellbeing.	K16 K37 K38 K39 S38 S39 S40 S41 B1

**Duty 10** take responsibility for personal and professional development in line with organisational protocol.

K40 K41 K42

S42 S43 S44

B5

## KSBs

### Knowledge

**K1:** the wider social determinants of health and their impact on the physical, mental and emotional wellbeing of individuals, families and communities.

**K2:** the causes of mental, emotional, and physical ill-health, long-term conditions, disability and premature death in the local community, their risk factors, and the opportunities for prevention and management.

**K3:** the negative and positive impact that different agencies can have on improving health and wellbeing.

**K4:** how psychological, behavioural and cultural factors contribute to the physical and mental health of people, and how these can impact on others.

**K5:** health inequalities and how these impact on physical, mental, and emotional health and wellbeing.

**K6:** the most up-to-date evidence base informing the creation of inclusive community development approaches that improve the health and wellbeing of communities.

**K7:** the importance of building partnerships and connections with individuals, groups, and communities.

**K8:** national guidance on the engagement and management of volunteers and how their rights and welfare are protected.

**K9:** how to recognise the suitability of non-statutory community and voluntary groups and services to support people's health and wellbeing needs, and local protocols for service appraisal and risk assessment.

**K10:** the concepts and theories underpinning a strengths or asset-based approach.

**K11:** the local and national statutory organisations and agencies that deliver public services (including education, housing, welfare, justice, health and care) and how they are funded.

**K12:** the different local and national voluntary and charity organisations and their role in the provision of services available to the public for different issues, such as managing debt, reporting crime, domestic abuse, accessing government services online, tackling social isolation, bereavement support, promoting good mental health and wellbeing.

**K13:** how to map services and other resources available to a community by taking a strengths or asset-based approach while also recognising gaps in provision.

- K14:** local criteria for referring people into the service, local referral systems and protocols or for signposting within scope of practice.
- K15:** relevant legislation, local policies and protocols regarding information governance, data security, data sharing and record keeping, to inform practice.
- K16:** the nature and boundaries of the role when representing the interests of people using the service, and procedures for escalation or seeking advice for those at risk, including safeguarding protocols.
- K17:** how to manage relationships with health and wellbeing service providers, the expectations of the provider and the person being referred or signposted.
- K18:** how to build a rapport with people and groups to elicit information about their health and wellbeing concerns, and to offer further information to them.
- K19:** how to acknowledge and respect an individual's priorities in relation to their health and wellbeing, and understanding their right to refuse advice and information.
- K20:** behaviour change principles and theories that underpin health improvement activity.
- K21:** evidenced-based behaviour change tools and techniques (e.g. those that include capability, motivation, opportunity, and action planning) that can be applied to behaviour change interventions.
- K22:** the concepts and theories relating to engagement, empowerment, co-design, and person-centred approaches and their importance for all aspects of mental, emotional and physical health and wellbeing.
- K23:** the difference between enabling people to make their own changes and solve their own problems, and encouraging dependency.
- K24:** different types of community and their defining characteristics, including cultural and faith-based factors.
- K25:** national and local strategies and policies to improve health outcomes and address health inequalities.
- K26:** the local demand on services based on health needs, and the different public and voluntary sector services available in the community to help to meet those needs.
- K27:** the importance of the evidence base in forming strategies, policies and interventions to improve health and wellbeing.
- K28:** how cultural and faith-based differences can impact the implementation of evidence-based interventions.
- K29:** the current health messages aimed at the public and the evidenced-based rationale for those messages.
- K30:** different components of interpersonal communication such as non-verbal, para-verbal, and active listening.



**K31:** barriers to communication that may affect a person's understanding of health messages and strategies for overcoming these (barriers could include sensory disability, neurodiversity, low levels of literacy or health literacy, language, or culture).

**K32:** the use of different communication methods in the promotion of health messages to a wide audience, including through social media and other digital technologies.

**K33:** different population level or public health data and information used to identify priorities and measure community health outcomes.

**K34:** the different tools and data used to measure changes in people's health and wellbeing at an individual and community level.

**K35:** the importance of gaining people's consent and recording personal data and information securely in line with service protocols.

**K36:** the different types of data and information and different types of evaluation used to assess the impact and effectiveness of services and interventions.

**K37:** relevant legislation and how it influences policies and protocols, when promoting or protecting community health such as Health Protection legislation.

**K38:** the importance of managing people's expectations regarding the scope and availability of the service and how it can be accessed.

**K39:** ethical implications and guidance relating to public health practice, such as the impact of public health measures on civil liberties.

**K40:** the importance of keeping up to date with developments in population health and community health and wellbeing (continuing professional development).

**K41:** the importance of training in policies and protocols that ensure safety of self and service users, when work is often unsupervised or in remote locations.

**K42:** the importance of appraisal, training and ongoing review including ways to give and receive feedback.

## Skills

**S1:** recognise, and help others to also recognise, the factors that impact on a person's health and wellbeing that they can or cannot control or influence.

**S2:** assist individuals, groups and communities to recognise their needs, what is important to them, and their strengths in relation to their health and wellbeing.

**S3:** help people, groups and communities to identify and address barriers that can be overcome to achieve better health and wellbeing.

**S4:** work with people and communities to identify and access local resources and assets that support their health and wellbeing.

**S5:** work with people and communities so that they continue to make changes and solve problems on their own.

- S6:** build partnerships and connections with local people, groups and organisations to reach shared solutions to local needs or issues.
- S7:** work with, support or supervise people working as volunteers whilst recognising the boundaries of their roles.
- S8:** recognise whether non-statutory community and voluntary groups and services are safe and sustainable to support people's health and wellbeing needs, and escalate any concerns.
- S9:** identify where different organisations collaborate successfully or interface seamlessly and build on these strengths to extend provision.
- S10:** identify and highlight competition or conflict between services where this does not work in the interests of the local community or works against the best use of local assets.
- S11:** research local provision, including online, for a wide range of interventions, projects and services that can support individuals and communities who are seeking to better manage their health and wellbeing.
- S12:** keep information on local and digital provision up to date.
- S13:** identify barriers preventing individuals from accessing local services, including how services are promoted or communicated.
- S14:** receive and manage referrals recognising situations where appropriate onward referral, escalation or signposting can be made within scope of practice.
- S15:** manage people's personal data safely and securely when completing and storing records or sharing data.
- S16:** recognise when someone is in distress or crisis and how to ensure that the right support is available for them at the point of need.
- S17:** develop relationships with local health and wellbeing service providers to ensure appropriate referrals or signposting can be made and the service offer is understood.
- S18:** manage a caseload and potential waiting lists and be able to prioritise in line with service guidance within scope of own practice.
- S19:** help people to identify the key issues impacting on their health and wellbeing, actively listening to a person's story without judgement.
- S20:** work with individuals or groups to navigate health-related and service-related information to make decisions about their health and wellbeing.
- S21:** work with individuals and groups who want to make changes to their behaviours and lifestyle choices to improve their health and wellbeing.
- S22:** use behaviour change tools and techniques to develop and agree a plan of action, or set goals with a person to help them to address the issues and priorities they have identified regarding their health and wellbeing.



- S23:** help people to review and access services relevant to them and their needs to optimise access and choice, including services that can address wider issues (such as social, financial or environmental) affecting their health and wellbeing.
- S24:** work with individuals to support self-care behaviours that will continue beyond the engagement of health and wellbeing services.
- S25:** deliver interventions that meet the needs of local communities including the consideration of cultural and faith-based factors.
- S26:** support local communities through the implementation of strategies and policies that improve health outcomes and address health inequalities.
- S27:** facilitate access to and promote services delivered by a range of public and voluntary sector agencies in the community, and services that are accessible digitally or online.
- S28:** apply the most recent evidence to improve the effectiveness of strategies, policies and interventions.
- S29:** communicate complex public health messages to people in a way that is relevant and meaningful to them.
- S30:** communicate with people from a wide range of backgrounds, including professionals from different sectors, and citizens of different cultures.
- S31:** facilitate consistent and helpful communications for people to make local services easier to understand and access.
- S32:** facilitate communication and collaboration between people, communities and service providers where better connections and networks would support easier access and better provision.
- S33:** act in accordance with relevant legislation, local policies and protocols regarding information governance, data security, data sharing and record keeping when handling people's personal data and information.
- S34:** use different types of data and information to identify priorities and measure health outcomes.
- S35:** use recognised tools and data so that changes to people's health and wellbeing can be measured or monitored at an individual, group or community level.
- S36:** seek people's consent to record and use their data, explaining to people who use services how their data and information will be used, and how it will be stored safely.
- S37:** contribute to service evaluation by using different types of data and information and different types of evaluation.
- S38:** work in partnership with people and groups when implementing policies and protocols in their communities.
- S39:** recognise when the support needs of people or communities are beyond the scope of the role, and escalate in a timely manner particularly if a person is 'at risk'.

**S40:** represent the interests of people when engaging with service providers, while managing expectations regarding service availability and access.

**S41:** identify and apply ethical frameworks and guidance relevant to practice in public or population health.

**S42:** keep a record of training and development opportunities that have been accessed and how these have informed their practice.

**S43:** maintain high standards of professional and personal conduct, including duty of care for the safety and welfare of self and others.

**S44:** engage with performance appraisal and reflective practice in line with organisational procedures and management processes.

## Behaviours

**B1:** acts with honesty and integrity.

**B2:** respectful of others.

**B3:** non-judgemental regarding others' circumstances or decisions.

**B4:** shows compassion and empathy.

**B5:** takes responsibility for own actions.

**B6:** seeks to collaborate (with individuals, communities and organisations) across sectoral, organisational and cultural boundaries.

## Qualifications

### English and Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

## Additional details

### Occupational Level:

3

### Duration (months):

12

### Review

This apprenticeship standard will be reviewed after three years

## Version log

VERSION	CHANGE DETAIL	EARLIEST START DATE	LATEST START DATE	LATEST END DATE
1.1	Occupational standard and end-point assessment plan revised.	18/04/2024	Not set	Not set
1.0	Approved for delivery.	14/09/2021	17/04/2024	Not set

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