



**July 2011**

***HEALTH TRAINER AND WORKLESSNESS: MAKING THE LINKS PROJECT***

Interim report prepared by

**CLES Consulting**

Presented to

**HM Partnerships**

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## EXECUTIVE SUMMARY

This report sets out the findings from the interim evaluation of the Making the Links project. The fieldwork took place during April and May 2011 and involved a review of project documentation, interviews with staff and stakeholders, and consultation with clients. A final evaluation will be undertaken during October and November 2011.

The Making the Links project adapted the national concept of the Health Trainer, with a view to testing the efficacy of the model in addressing poor health and quality of life being experienced amongst people without paid employment. Five objectives were agreed for the project:

- 1) to improve partnership working between the Health Trainer service, Jobcentre Plus and other local agencies, and to expand the links between health and unemployment focused agencies;
- 2) to have a measurable economic impact in the pilot areas;
- 3) to increase referrals to the local Health Trainer service;
- 4) to improve the health of those utilising the services of Jobcentre Plus and the local worklessness population;
- 5) to reduce incidences of poor health being a factor in long term worklessness and to improve employability.

## Delivery model

The project comprises three pilots:

- 1) in Barrow, the project is managed by Furness Enterprises and is based at the Return to Work central office;
- 2) in Sefton, the project is based in the May Logan Centre and is targeted on the Linacre and Derby wards;
- 3) in Workington, the project is delivered through Routes to Work, a regeneration project working in West Cumbria supporting people back into employment.

The pilots have engaged with an extensive range of local partners, including:

- Jobcentre Plus;
- drug and alcohol support services;
- mental health charities;
- children's centres.

The Health Trainers are employed on NHS band three, with the cost of their salaries being covered wholly by the project. Additional funding has been provided as cash or in kind, to cover the costs of office accommodation, strategic and operational management, and training and development costs.

The Health Trainer acts as a connecting point between different services. Referrals to the Health Trainer come from a range of sources, including those with an official remit for employment and skills (e.g. Jobcentre Plus) and those providing ancillary support (e.g. alcohol and drug advice). The evaluation has identified a common delivery model that has been implemented in all three pilot areas. The model has four aspects:

- 1) engagement and outreach;
- 2) motivation and support;
- 3) activities;
- 4) signposting and onward referral.

## Engagement and outreach

A significant number of clients are being referred from other service providers; however this is balanced with a large minority of clients who are not engaged with any other service. Clients have been engaged in a number of ways:

### **Referrals from other service providers**

The bulk of referrals are coming from other service providers with whom the Health Trainers have developed links, including drug and alcohol services, employment support services and community centres. These referrals are a direct result of the time and effort the Health Trainers have invested in developing links and promoting the service to other service providers.

The motivation for people referring clients to Health Trainers varied: Jobcentre Plus felt the service addressed gaps resulting from changes in mainstream provision; others felt the service was useful because the Health Trainers were adding value to existing provision by providing expertise that current services did not have. Stakeholders from all three pilot areas reported fewer referrals from GPs than had been anticipated at the start of the project; the referrals were slow to start however once external agencies started to understand what the Health Trainer was offering, and to see the positive impact that it could have on clients, they gradually increased.

### **Self-referral**

Self-referral has been important in all three pilot areas. The Health Trainers have been raising their own profile by being present at different venues and attending organised events. It is anticipated by stakeholders, the Health Trainers and clients that word of mouth referrals would increase as the projects become more established and there is greater throughput of clients.

### **Group activities**

In all three pilot areas, the Health Trainers have used group activities to try and engage with specific groups (e.g. in Workington, the Health Trainer has set up a football training group as a way of engaging hard to reach men).

### **Motivation and support**

The Health Trainers are playing an important role in supporting and motivating clients who are facing a period of adjustment or transition in their lives (e.g. clients that had lost their jobs after many years working for a single employer, or clients that had come to terms with a chronic health condition). The Health Trainer develops and maintains an ongoing relationship with the client; due to the ongoing nature of the relationship between the Health Trainer and individual clients, it often took on a dynamic character whereby the Health Trainer would support the client to respond to changing circumstances. The relationship between the Health Trainer and the client is based on regular meetings; most clients reported seeing the Health Trainer on a weekly or fortnightly basis, generally for between thirty minutes and an hour.

One of the benefits of the Health Trainer approach is that they have the time and space to understand the individual personalities and characteristics of clients. This is useful, both in terms of understanding the types of approach that the client is likely to respond to and in gauging how much contact to have with a client. The Health Trainers are encouraging clients to set their own goals; in a sense operating in a coaching or mentoring role. For many clients, one of the key benefits of the project is that they are starting to introduce some element of routine back into their lives. For clients that have not worked for several years, attending a session on a regular basis is an outcome, particularly when reflecting on the unstructured way they normally lead their lives. Health Trainers often addressed the initial barrier that enabled the client to begin to reintegrate into the community.

### **Activities**

Each client receives a bespoke package of support. The Health Trainers are delivering a range of activities on both a one-to-one and group basis. The Health Trainers offer advice and support related to employment (e.g. helping people to volunteer on work placements). Clients are participating in a range of different types of physical activities, including Tai Chi, Walking to Health and self-administered exercise routines. Once the clients become engaged in activities, there is a lot of evidence to demonstrate that they can become enthused and engaged in other activities.

### **Signposting and onward referral**

In Sefton, the Health Trainer is principally signposting beneficiaries on to services that are available at the May Logan Centre; however clients are also being supported to access work placements and voluntary work. Some clients have also been signposted on to external courses. In Barrow and Workington, clients are signposted to other services across the two areas. Some clients have not been formally referred on to other services but have nevertheless progressed on to other positive outcomes (e.g. several clients reported joining a gym and taking part in public exercise sessions).

The referrals and signposting being provided by the Health Trainers is not restricted to a narrow focus on employment or the client's health (e.g. one woman was having some difficulties with her son and the Health Trainer was able to refer him on to appropriate support). Stakeholder organisations that were receiving referrals from the Health Trainers reported that it was an effective referral route. The clients that were being referred were appropriate and it was helping some organisations to engage with client groups they would normally find difficult to reach. The Health Trainers were commended by both clients and stakeholders for recognising their own limitations and taking a proactive attitude to sourcing complementary activities that clients could benefit from.

### **Outputs and outcomes**

By April 2011, approximately 140 people had been supported through the project and the vast majority of these reported some positive impact. The feedback from stakeholders and clients demonstrated that working with the Health Trainer was having a real impact on the lives of the individual clients.

#### ***Healthier lifestyles***

There was a consistent message from stakeholders that the client group do not, for the most part, lead healthy lifestyles. This was sometimes a result of interconnected health issues (e.g. some clients that had a mental illness were being treated with medication that caused weight gain). Following support from the Health Trainer, many clients felt they were leading healthier lifestyles (e.g. losing weight and smoking less). The Health Trainer has a trust based relationship with clients thus any claimed health impacts are generally the result of self-reporting rather than clients being independently weighed.

For many clients, improved self-confidence was one of the main benefits of working with the Health Trainer. One of the main issues flagged by a number of clients is that they lack self-confidence, which affects their ability to engage with support services and employment opportunities. Their self-confidence is tied up in a two way relationship with health and lifestyle issues (e.g. some lacked confidence due to their physical fitness, which contributed to their continued smoking). For many clients, it is difficult to discern with certainty if health was a key barrier to employment or whether self-confidence is the actual issue that underlies both the individual's health issues and their lack of employment. Some clients had specific health issues that were acting as a barrier to employment, such as Aspergers, but these appear to be in the minority.

#### ***Direct steps to employment***

Some clients have gone on to voluntary work and others have applied for jobs; a small number have secured employment. Very few clients appeared to identify health as the principal reason for leaving paid employment in the past; however many cited health as an ongoing barrier to securing and sustaining paid employment. This would echo much of the research that has been undertaken in this area, showing a direct link between periods of unemployment and poor mental and physical health.

Clients are more open to the suggestion of taking steps towards securing employment and more positive about their chances of gaining paid employment. Clients are also more willing to adopt healthier lifestyles; several clients came to the Health Trainers with a very negative and pessimistic attitude towards their employment prospects, and often felt there was little reason for them to consider health improvements.

The Health Trainer is a positive model of delivering support to this client group because it engages them in a positive activity that, although not directly related to work, has the benefit of keeping people involved in an activity. There is a lot of evidence to show that the longer someone is out of work, the less likely it is they will secure employment. The activities they are engaged in demonstrate positive outcomes in the short term; this is in contrast to interventions that are directly relevant to employment that may not yield positive results in either the short or medium term.

#### ***Signposting to other service providers***

Much of the client group had very little contact with other structured support services. One of the impacts of Health Trainer support was to provide clients with the self-confidence and the practical information that enabled them to go on to access other activities. These activities covered both health and employment issues and included Tai Chi, drug and alcohol awareness sessions, IT courses and Routes to Work workshops. Some clients were also referred to activities related to specific medical conditions, such as diabetes self-management support and advice. Clients are aware that the Health Trainer post is linked to employment goals; however there is an understanding that it is not linked to benefits and that clients will not be expected to move directly from Health Trainer support to employment. The Health Trainers are providing additional capacity that enable services predominantly focused on either health or employment to expand its remit (e.g. Routes to Work does not have enough support available for people with mental health issues therefore the Health Trainer is providing additional capacity for this client group).

## Cost effectiveness and added value

In the main, the pilots are delivering a cost effective service; this can be demonstrated in the following ways:

- ❑ use of existing organisational structures;
- ❑ signposting on to other services;
- ❑ developing the capacity of individual clients;
- ❑ added value.

The Making the Links project has been delivered using the Health Trainer Framework developed by the Department of Health and delivered in a variety of contexts across England. The pilot projects were not formally part of wider Health Trainer networks as is the case in many areas; however the pilot has benefited in three ways by drawing on the Health Trainer model and associated resources:

- 1) Health Trainer Framework;
- 2) Health Trainer course;
- 3) Making the Links project.

## Conclusions

The interim evaluation has demonstrated that whilst working within the template of a common framework, the three pilot areas have developed models that reflect local context and their personal background, skills and experience of the individual Health Trainers. The projects have achieved their primary goal of establishing a new service within a relatively short timeframe. The project is supporting a client group that currently has very little appropriate support available, but is likely to grow in size due to wider economic conditions and changes to the way out of work benefits are administered. Given the characteristics of the client group, it is unlikely that significant numbers are going to move into paid employment, particularly given the economic situation at the moment. However, some clients have started training and people are now moving closer to the labour market.

There is widespread support amongst stakeholders for the continuation of the project, although in the current economic climate, it is difficult for stakeholders to make any firm commitments about the maintenance or expansion of the service. In the short term, there are a number of aspects of the pilots that could be improved, such as:

- ❑ expanding the range of group provision that is available;
- ❑ providing resources that would enable the clients to access a broader range of services, including training and physical activity;
- ❑ identifying voluntary work placements.

The evaluation is demonstrating that the Health Trainers can drive positive health improvements amongst a client group that generally leads an unhealthy lifestyle. Five key lessons can be drawn from the pilots that could inform the delivery of similar services elsewhere:

- 1) ensure adequate preparation and development time;
- 2) recruit the right type of Health Trainer;
- 3) build upon effective local partnership arrangements and networks;
- 4) develop on the job skills and knowledge;
- 5) utilise existing organisational structures.

## **1 INTRODUCTION**

CLES Consulting has been commissioned by HM Partnerships to undertake an evaluation of the Health Trainer and Worklessness: Making the Links project. The evaluation is being delivered in two stages, for which an interim evaluation was undertaken between March and April 2011. The findings from this stage of the evaluation are presented in this report. The interim evaluation will be followed by a final evaluation that will take place during October and November 2011. The following report presents the findings from the interim evaluation.

The Health Trainers Programme is a national scheme that provides opportunities for people to act as health promoters within their communities. Following a review examining how Health Trainer services could be extended to support the worklessness agenda, a pilot programme was developed that established Health Trainer pilots in Barrow, Sefton and Workington. The remit of these pilots was to provide support to people who did not have paid employment.

The report begins with a short summary of the evaluation methodology, followed by a summary of the delivery model that has been employed within each of the three individual pilots. It is important to understand the differences between the way this pilot has been delivered in the three areas, as the overall aim of the project is to explore how different types of partners and clients groups can engage with and benefit from the Health Trainer model. The report reviews the impact of partnership working and project management, and discusses the cost effectiveness and added value of the project.

The report winds up with a series of overall conclusions and a set of recommendations that are intended to inform the delivery of the pilots in the short and medium term, contributing to the wider policy discussion about the overlap between services aimed at unemployment and health. This report provides an overview of the progress made to date, and is a useful guide to those thinking of establishing similar services.

## 2 METHODOLOGY

The following section summarises the methodology used for the evaluation, indicating the methods used and the types of data collated.

### 2.1 Desk review

An initial desk review was undertaken of project documentation and related policy documents in October 2010. During May 2011, client related documentation was reviewed, including progress summaries for all clients that had been seen by the Health Trainers up to that date.

### 2.2 Health Trainer interviews

The Health Trainers were interviewed twice during the evaluation: shortly after they had been appointed; and in May 2011. The interviews provided data relating to the opinions of the Health Trainers on the following:

- ❑ their understanding of the delivery model; how they had interpreted it; how it was being delivered; and how it had developed between inception and May 2011;
- ❑ the day-to-day role and function of the Health Trainer, exploring issues such as the proportion of time spent on developing partner links compared to that spent on client contact; the relationship between the Health Trainer and other services; and the number of clients engaged;
- ❑ the skills of the Health Trainer; how they shaped the role around their personal skills and knowledge; and the skills and knowledge that they had developed whilst in the role;
- ❑ the impact the Health Trainer was having on individual clients; and the type of data they were collecting to evidence this impact;
- ❑ any areas where the Health Trainer felt the pilots could be improved, either in the short term or during any period of further expansion in the future.

### 2.3 Stakeholder interviews

Semi-structured interviews were held with a range of stakeholders, including those directly involved in the management and delivery of the service, and others who were involved at a distance (e.g. organisations referring clients to the Health Trainer). Some stakeholders were interviewed at the outset of the project, with an expanded group interviewed in May 2011. The interviews covered the following:

- ❑ the rationale behind establishing the pilots' aims and objectives, and the processes involved in the initial set up and ongoing development;
- ❑ the extent to which the referral process is working effectively, both in terms of the volume and range of clients;
- ❑ the way the Health Trainer is signposting clients to other services whilst they are supporting the client, and once the client has concluded working with the Health Trainer;
- ❑ the different ways in which stakeholders are benefiting from the service, and how the Health Trainer is contributing to these benefits;
- ❑ the short term development of the pilot and the longer term development of Health Trainer type services.

### 2.4 Client interviews

In order to establish a robust understanding of the pilot from the perspective of the client group, a series of semi-structured interviews was undertaken. The interviews were divided into two groups:

- ❑ clients interviewed shortly after being engaged by the Health Trainer but prior to undertaking any substantial work with them (this group was interviewed a second time approximately twelve weeks later);
- ❑ clients interviewed on one occasion in May 2011 (this group was either currently working with the Health Trainer or previously had support from them).

The interviews covered the following key topics:

- ❑ **client background** – the employment and health history of the client, and the reasons why the client felt they would benefit from the support of the Health Trainer;
- ❑ **activity profile** – how the client first came across the service or was referred to it, and the types of activities the client has undertaken with the Health Trainer;
- ❑ **signposting** – details of any activities that the client has been signposted to;
- ❑ **outputs and outcomes** – client perceptions of the impact that working with the Health Trainer has had;
- ❑ **the connection between activities and impacts** – the client was asked to explain how they felt the Health Trainer and the associated activities had led to the perceived impacts.

### 3 RATIONALE AND OBJECTIVES

The following section provides an introduction to the Making the Links project, describing the national policy background that informed the development of the Health Trainer concept. It then outlines the key aspects of the Health Trainer role and how these were used to underpin the rationale for this pilot project. It also details the five objectives that have driven the pilot.

#### 3.1 Project rationale

The Making the Links project adapted the national concept of the Health Trainer, with a view to testing the efficacy of the model in addressing the poor health and quality of life being experienced by people without paid employment. The following section provides a brief overview of the policy background that informed the development of the Health Trainer concept.

The 2004 White Paper *'Choosing health: Making healthy choices easier'* emphasised the shift towards a more personalised approach to healthcare and public health services. It was here that the Government started to introduce the idea that the most effective way of encouraging people to adopt healthier lifestyles was to provide tailored advice, support and encouragement in ways that people could relate to and would not necessarily see as formal services. Within this context, the notion of a Health Trainer role was expounded; Health Trainers would be people from the communities recruited at entry level, providing a range of services, including:

- ❑ providing basic health and lifestyle advice;
- ❑ signposting people to other services;
- ❑ motivating people to shift to a healthier lifestyle;
- ❑ acting as a link between local communities and NHS service providers.

The Health Trainer model has evolved over time and, just as the pilots have adopted the model to their own local circumstances, so have the Health Trainer delivery sites. This means that although there is an overarching model that has been consistently applied, each Health Trainer scheme has its own distinct characteristics (e.g. some have a particular geographical focus whilst others have focused on particular health issues such as diet):

*'In keeping with a shift in public approaches from 'advice from on high to support from next door', Health Trainers will be drawn from local communities, understanding the day-to-day concerns and experience of the people they are supporting on health.'*<sup>1</sup>

The Health Trainers Programme is a national scheme that provides opportunities for people to act as health promoters and advisors within their own communities. Health Trainers provide advice, support and signposting to people about a range of health issues linked to changing individual behaviour, smoking cessation, healthy eating or physical exercise. As well as health impacts, the programme has a secondary aim of providing routes into health related employment for the Health Trainers themselves. Health Trainers do not require previous experience or specific qualifications, however whilst on the programme they follow a structured NHS competency framework. In 2009, HM Partnerships undertook a review exploring the possible linkages between Jobcentre Plus and Health Trainer services, looking in particular at how Health Trainer services could be extended in order to support the worklessness agenda. The review focused on different models for developing links and concluded that the following approaches should be piloted:

- ❑ Health Trainers based in Jobcentre Plus settings;
- ❑ Jobcentre Plus staff and Health Trainers working jointly in other venues;
- ❑ Jobcentre Plus recruiting Health Trainers from long term unemployed groups;
- ❑ Jobcentre Plus staff referring clients to Health Trainers.

Following this review, HM Partnerships identified financial resources that could be used to support a small scale pilot aimed at taking forward and testing the recommendations made in the review. The funding came from the Department of Health from resources ring fenced for inequality policy.

<sup>1</sup> Choosing health: Making healthy choices easier, p.103

The money was secured by the North West Health Trainer Partnership for potential projects in Cheshire and Merseyside, Cumbria and Lancashire. Three areas were identified to take forward pilot projects: Barrow; Sefton; and Workington. Overall, management and coordination of the three pilot projects is provided by HM Partnerships; the pilot is also overseen by a steering group, membership of which is as follows:

- ❑ Mike Parker, HM Partnerships;
- ❑ Gemma Weston, HM Partnerships;
- ❑ Debbie Storey, May Logan Centre;
- ❑ Jon Lyons, Furness Enterprise;
- ❑ Paul McKenna, CLES Consulting;
- ❑ Alison McMenemy, NHS Cumbria;
- ❑ Mark Haig, Haig Associates;
- ❑ Jimmy Hayes, Jobcentre Plus;
- ❑ Christine Clark, NHS Cumbria;
- ❑ Jane Thompson, NHS Cumbria;
- ❑ Nicky Speakman, Independent Consultant (formally NHS Sefton);
- ❑ Julie Wedgwood, Harvest Housing;
- ❑ Julie Owens, NHS Cumbria;
- ❑ Jo Beet, Jobcentre Plus.

The North West Health Trainer Partnership provides general oversight to the project, ensuring that the links between HM Partnerships and the local partnerships are effective. The regional partnership will also be a conduit for disseminating the lessons learnt from the pilot.

### 3.2 Project objectives

Five objectives were agreed for the project as a whole:

- 1) to improve partnership working between the Health Trainer service, Jobcentre Plus and other local agencies to expand the links between health and unemployment focused agencies;
- 2) to have a measurable economic impact on the pilot areas;
- 3) to increase referrals to the local Health Trainer service;
- 4) to improve the health of those utilising the services of Jobcentre Plus and the local worklessness population;
- 5) to reduce incidences of poor health being a factor in long term worklessness and improve employability.

#### **Summary**

- The Making the Links project draws on the Health Trainer delivery model.
- The Health Trainer model was first outlined in the 2004 White Paper. It was intended to provide opportunities for people from local communities to promote key public health messages in a way that would motivate people to lead healthier lifestyles.
- The stakeholders wanted to test whether this model would be an appropriate way of engaging people who are not in employment.
- The project is underpinned by five objectives related to: partnership working; economic impact; client referrals; health improvement; and worklessness.

## 4 PROJECT DELIVERY

The following section reviews the four main aspects of the pilot project: engagement and outreach; motivation and support; activities; and signposting, each of which is considered in turn. The section then provides a summary of the three individual projects. It is important to consider how the three projects were developed and delivered; all three have key differences in the way the Health Trainer model has been adopted to suit the local circumstances. The three projects differ in: the delivery model that has been used; the type of Health Trainer that has been employed; the partners that have been engaged in delivery; and the type of beneficiaries that have been targeted. The Health Trainers are employed on NHS band three, with the cost of their salaries being covered wholly by the project funding. In the three pilot areas, additional funding has been provided as cash or in kind, in order to cover the costs of office accommodation, strategic and operational management of the pot, and training and development.

The evaluation has clearly identified a common delivery model that has been implemented in all three pilot areas. The model has four basic aspects:

- 1) engagement and outreach;
- 2) motivation and support;
- 3) activities;
- 4) signposting.

### 4.1 Engagement and outreach

*'The hardest part is engaging with clients.'*<sup>2</sup>

The underlying aim of the Health Trainer concept is to work with a client group that, generally speaking, does not engage with preventative health services or employment support services. The group may be engaged with some services with a statutory base, such as Jobcentre Plus, but would not be engaged in the sense that there are real and tangible impacts on either health or employment outcomes. One of the interesting aspects of the Health Trainer pilots is that there have been a significant number of clients that are engaged in one way or another with other services, and significant numbers of clients being referred from other service providers. However, this is balanced with a large minority of clients that are either not engaged with any other services, or are engaged but only in the sense that they have a relationship based on administrative procedures, such as signing on at the jobcentre. There are two aspects to the engagement and outreach stage: the actual engagement with an individual client; and the assessment of the client needs.

#### 4.1.1 Client engagement

The main function of the Health Trainer is engaging with clients who would not be *'on the radar'* of existing providers. One of the key challenges facing the Health Trainers has been to identify ways of engaging a client group that other agencies have failed to connect with. To a large extent, this goes to the heart of the principle behind establishing the Making the Links project: the stakeholders set out to test whether using the Health Trainer model would engage people in healthy activities through an employment focused process; and whether it would be possible to engage people in employment related activities by engaging them in health related activities.

#### 4.1.2 Referrals from other service providers

The bulk of referrals are coming from other service providers with whom the Health Trainer has developed links. These include drug and alcohol services, employment support services, and community centres. These referrals are a direct result of the time and effort that the Health Trainers have invested in developing links and promoting the service to other providers. Both the stakeholders and the Health Trainers recognised that this is an important aspect of the role, and emphasised the need for the Health Trainers to have time to dedicate to this. On average, approximately 10% of the Health Trainer's time is spent on service development activities (i.e. non-client contact time).

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<sup>2</sup> Health Trainer

In terms of working with new partners, the general process is to send an email/flyer to the organisation before an initial meeting to outline in more detail what can be offered. This has sometimes been accompanied by a presentation to clients. The Health Trainers have made links with a large number of agencies, playing a key role in generating interest in the service (e.g. holding events in children's centres and other community venues).

In Barrow, a launch event was used as a way of generating interest in the Health Trainer service, and several stakeholders identified hearing about it in this way.

The Health Trainers have explored options for basing themselves for periods of time (e.g. one afternoon a week) in the facilities of other service providers, such as Jobcentre Plus or GP surgeries. For the most part, this idea has not developed into practice, with service providers preferring to manage the referral process themselves.

One indicator of the effectiveness of the referrals from other service providers is the relatively low number of clients who do not fully engage in the service after being referred to the Health Trainer. Across the three pilots, it was felt that only a small number of clients came to see the Health Trainer on the back of a referral, and then failed to continue to work with the Health Trainer on a regular basis. One of the Health Trainers deemed that clients who were on Jobseekers Allowance and had been referred by Jobcentre Plus were those that were most likely to not attend appointments; however this only applied to a small number of clients.

The motivations of people referring clients to Health Trainers varied; some (e.g. CADAS) used the Health Trainer as a way of complementing their own provision, particularly in terms of trying to increase the amount of physical activity that clients are doing. Jobcentre Plus advisors welcomed the availability of the Health Trainer because, from a practical perspective, it plugged a gap in provision for this particular client group, particularly since the availability on the Condition Management Programme had diminished. It was also useful because the Health Trainers are able to provide a more flexible way of working in terms of how frequently they meet with the client and how much time they spend with them. This is one area where Jobcentre Plus advisors are unable to be flexible, which can be damaging to their relationship with the client, particularly those that are furthest from the labour market and the most vulnerable. If they have a poor experience of engaging with services, it could put them off for a long period of time.

Other stakeholders felt the Health Trainers were adding value to existing provision because they provided expertise that current services did not have. As one stakeholder commented:

*'These people can't help themselves; they don't even know that they need help.'*

Stakeholders from all three pilot areas reported that there had been fewer referrals coming from GPs than would have been anticipated at the start of the project. This has been due to the failure of GPs to respond fully to approaches by the Health Trainer and, in some cases, other stakeholders such as the Primary Care Trust. Generally, there is reluctance on the part of many GPs to engage with the employment agenda as it conflicts with their role as healthcare professionals; however efforts continue in all three areas to secure the support and participation of GPs. This has been met with some success in Workington where at least one GP has now referred clients to the Health Trainer.

The Health Trainer in Workington developed criteria for GP referrals in order to help them refer the correct groups and support the GPs to understand what the benefits of referral might be. The referral process was made as simple as possible by agreeing that the Health Trainer will collect referral forms from GPs thus minimising the effort made by GPs to engage with the pilot. In order to ensure the GP link is effectively delivered, the Health Trainer was provided with support and encouragement to ensure that the referrals from the GP were prioritised and dealt with effectively. It was important to ensure the first link with GPs worked effectively; otherwise it is unlikely that other GPs would have engaged with the service.

There was general agreement that developing effective mechanisms for referral took time and required significant personal investment on the part of the Health Trainer and the key stakeholders, to develop the relationships and build the credibility of the service, to such an extent that people were willing to refer clients. As one stakeholder commented:

*'Promoting the service is like drip feeding all the partners who are coming into contact with the client group.'*

The referrals were slow to start, however once external agencies understood what the Health Trainer was offering and saw the positive impact it could have on clients, they gradually increased.

#### **4.1.3 Self-referral**

Self-referral has been an important source of clients in all three pilot areas. The Health Trainers have been raising their own profile by being present at different venues and organised events (e.g. in Barrow, the Health Trainer gave a presentation at Age UK and, following this presentation, several people contacted the Health Trainer for support), distributing promotional materials to service providers and community venues. People have also self-referred after hearing about the service from a friend or family member, as shown by the following quote from a Health Trainer:

*'Word of mouth is also important; one client 'referred' his partner to the service.'*

This view was echoed by several of the clients, with one remarking that:

*'I wish more people knew about the Health Trainer; I have told my friends and they have gone to see her.'*

It was anticipated by stakeholders, the Health Trainers and clients that word of mouth referrals may increase as the projects become more established and there is a greater throughput of clients. Another version of self-referral involves clients attending a new session after previously being signed off and going on to other services; currently, this is a relatively small number of clients.

#### **4.1.4 Group activities**

In all three pilot areas, the Health Trainers have used group activities to try and engage with specific groups (e.g. in Workington, the Health Trainer has set up a football training group as a way of engaging with hard to reach men).

It is important to get the referral right; over reliance on a single referral route (e.g. taking a disproportionate number of clients from a substance misuse service) appears to have a negative impact on the numbers of clients achieving positive outcomes. There is a risk that the Health Trainer can be left with a client group that is difficult to help due to the severity of the issues that they are trying to deal with. If the relationship with the referral agency is too close, the Health Trainer could be seen as another general support worker, adding capacity to the referral organisation rather than offering a clear and distinct service to a defined group of clients. This issue may in part explain the lower number of referrals in Workington, and the higher proportion of clients in this area failing to achieve positive outcomes.

A perception that the service is effective is crucial if referring agencies are to persuade clients that it would be a productive use of time (e.g. a Jobcentre Plus adviser could say with confidence to a client that she had referred other people who had found it a constructive and positive experience). It is important that there is some discretion taken over the type of clients that are referred to the Health Trainers, in order to ensure that support is targeted at clients that can obtain some benefit from the Health Trainer. The Health Trainer should not be seen as a referral option that is simply perceived as a way of getting people through the system. Several stakeholders, and this was particularly true of Jobcentre Plus, indicated that they were not involved in the development of the pilots and had not had any ongoing discussions about them. There is a danger that if stakeholders are not fully integrated into the project, there will be no opportunities to provide feedback on client referral, impacts and outcomes, or ways to improve partner relations.

### 4.1.5 Initial meeting and client assessment

The initial meeting between the Health Trainer and the client is crucial to the way the support is delivered; it is at this session that the Health Trainer introduces the support available and assesses the potential needs of the client. There was a common format to the initial meeting, covering:

- ❑ an explanation of the role of the Health Trainer;
- ❑ an exploration of the employment history of the client and the types of employment that they are interested in;
- ❑ a basic health check, looking at exercise, diet, alcohol and perceptions of health. The aim is to get an overall picture of the health of the client rather than just focusing on one specific aspect (e.g. the client may be concerned about their weight but not appreciate how excessive drinking may be contributing to the problem);
- ❑ identification of one or two areas that the client can focus on, developing achievable goals and ascertaining what the barriers might be to achieving those goals.

The Barrow Health Trainer has a list of goals that are used at the initial meeting to help the client identify which might be realistic for them to adopt.

The Health Trainer will often ask the client to complete a diary to record what they eat, how much they smoke, the amount of exercise they take, and how often they drink. This is the start of the process to enable the client to reflect on their own lifestyle and see where they can instigate change. At the first session, the Health Trainer will also provide some basic advice or suggestions of changes that can be made (e.g. one client reported receiving a recipe book). The key skill of the Health Trainer is to engage with people at the initial meeting and quickly identify the core issues.

Some clients approach the Health Trainer with a very specific idea of the type of support and advice they require (e.g. clients may have found some type of intervention of help in the past which they are interested in repeating). One client had previously found that physical exercise ameliorated some symptoms of their mental health condition and sought the help of the Health Trainer in accessing similar opportunities.

## 4.2 Motivation and support

The Health Trainer develops and maintains an ongoing relationship with the client, which is crucial to the impact of the support. The relationship is based on regular meetings, with most clients meeting the Health Trainer on a weekly or fortnightly basis for between thirty minutes and an hour. The frequency and length of the meetings varied as clients progressed, with some clients meeting with the Health Trainer on a monthly basis; several clients also reported having contact outside of the scheduled sessions (e.g. a client being contacted to see if they had attended an activity session or a doctor's appointment). Some clients also gave examples of the Health Trainer actually accompanying them to a session.

The Health Trainer national guidance recommends that each client is seen for up to twelve sessions; however a more flexible approach has been taken with the pilots. Up until now, few clients have exceeded the twelve sessions; however there is very little pressure on Health Trainers to adhere to this limit.

The regular meetings are used to review the goals that have been set and to agree new goals where appropriate. The goals agreed are generally incremental and small scale thus the weekly meetings are used as an opportunity to recognise the client's achievement or assure them that missing a goal is not a major issue. The one-to-one meetings also provide an opportunity for the client and the Health Trainer to review the client's diary and discuss whether there might be instances in which the client can instigate lifestyle changes.

One of the benefits of the Health Trainer approach is that they have the time and space to understand the personalities and characteristics of individual clients. This is useful in understanding the types of approaches that the client is likely to respond to and in gauging how much contact to have with individual clients.

The Health Trainers are encouraging clients to set their own goals; in this sense the Health Trainer operates in a coaching or mentoring role. For many clients, one of the key benefits of the project is that they are starting to introduce some element of routine back into their lives. For clients that have not worked for several years, attending a session on a regular basis is in itself an outcome when one reflects the unstructured way they normally lead their lives. This was recognised by the clients:

*'It gets me out of the house.'*

*'It gives me a reason to get up in the morning and get dressed.'*

Health Trainers often addressed the initial barrier that enabled the client to reintegrate into the community (e.g. one client who rarely left her house was encouraged to take short walks and subsequently began to walk her mother's dog regularly; her progress was rapid and she is now volunteering at a local school; this is something that she would not have countenanced previously).

Gradual improvements are the key to clients achieving their targets. Each client is given individual goals and these are set on a short term basis so that they are achievable. Once the first goal is achieved, this is followed up by setting further goals.

Often, clients come with unrealistic expectations of what can be achieved within a given timeframe. The Health Trainers can provide them with advice about what is practical and this makes it more realistic when the client sees actual improvements (e.g. a client that wanted to lose six stone had become frustrated with previous attempts because they failed to see any progress; however the Health Trainer helped them to recalibrate their target of losing one stone in four weeks, thus they were able to feel a real sense of accomplishment when their goals were met). Goals were also linked to life events, thus rather than simply seeing themselves as eating a healthier diet, the clients were encouraged to develop weight loss targets linked to family celebrations, such as a wedding, or targets with some emotional component, such as helping their children lose weight. The Health Trainers utilised a range of different strategies that could be applied flexibly, depending on what worked best for the individual client.

The clients benefit from the Health Trainer support in proportion to the effort they are able or willing to put in; the role of the Health Trainer is to select clients, enthuse them, and provide ongoing support.

### 4.3 Activities

Each client receives a bespoke package of support. The Health Trainers are delivering a range of activities on both a one-to-one and group basis. The Health Trainers offer advice and support related to employment (e.g. helping people to volunteer on work placements) and have advised some young people to take part in Prince's Trust activities in advance of starting college based training courses.

In Barrow, the Health Trainer runs group sessions targeted at young mums. The aim of these sessions has been to get people to talk about aspects of their lives, what they want to change, and the barriers that are perceived to prevent this change at the moment. Following an initial session with the mums at a children's centre, the Health Trainer agreed to deliver more regular group sessions aimed at providing advice and support on a range of health issues. Healthy eating sessions have also been run in children's centres; the sessions are open to both the Health Trainer clients and users of the children's centre. This is an effective way of developing links with organisations, providing a direct output to offer clients, whilst providing added value to the Health Trainer project.

Once the clients become engaged, there is evidence to demonstrate that they become enthused and participate in other activities (e.g. following participation in a group exercise session, parents at a children's centre worked with the Health Trainer to set up a healthy eating and cooking group). The input of the Health Trainer has resulted in the client group developing an identity which has in turn led to clients supporting each other through the process (e.g. the Health Trainer has run weight loss classes specifically for the client group and is now offering peer-to-peer support).

Group sessions reflect the community development approach taken by the Health Trainers; they are building the capacity of individuals, organisations and communities to instigate and implement change independently. This is an effective approach because it is more likely to lead to long term and sustainable benefits and is a cost effective way of delivering support. The ethos of the Health Trainer concept is that it is a relatively short term intervention that kick starts the road back to paid employment, even if that journey is long and complicated.

The Health Trainer in Barrow has been working with inmates at Haverigg Prison who are undertaking the Health Trainer Level II course. They are applying their skills in prison as part of their preparations for reintegration into the community. The Health Trainer has been providing them with practical advice about how to apply their new skills and knowledge practically, including:

- helping them with the course;
- explaining the possible options they have for using the qualification and their practical experience to secure paid employment;
- outlining the available support services, including Routes to Work.

#### 4.4 Signposting and onward referral

The fourth aspect of the Health Trainer model is signposting clients on to other types of support, ensuring they are referred on to appropriate activities once they feel the Health Trainer has done all they can. This aspect of the model is working well. Stakeholder organisations that were receiving referrals from the Health Trainers reported that it was an effective referral route. The clients that were being referred were appropriate and it was helping some organisations engage with client groups that they would normally find difficult to reach out to. The Health Trainers were commended by both clients and stakeholders for recognising their own limitations and taking a proactive attitude to sourcing complementary activities that clients could benefit from. One Health Trainer summed it up when they commented:

*'I am aware that I cannot deliver smoking cessation support, but I know where I can send clients if they need this.'*

In Sefton, the Health Trainer is principally signposting beneficiaries on to services that are available at the May Logan Centre; however clients are also being supported to access work placements and voluntary work. Some clients have also been signposted on to external courses. In Barrow and Workington, clients are signposted to other services across the two areas.

The feedback from partner agencies seems to suggest that clients are attending other services that they are signposted on to. By providing additional time and support to people prior to selecting other activities, and maintaining contact whilst clients are working with other services, the Health Trainer is adding value by ensuring that clients are deriving as much benefit from the service as possible. However, some clients are referred back to the service that originally referred them to the Health Trainer.

In Barrow, some clients were referred to the Health Trainer by Routes to Work advisors because they were not in a position to benefit from the Routes to Work provision; after a period of time working with the Health Trainer, they progressed sufficiently to be referred back to Routes to Work.

Some clients have not been formally referred on to other services but have nevertheless progressed on to other positive outcomes (e.g. several clients reported joining a gym and taking part in public exercise sessions).

Where clients are referred on to other services, the Health Trainer will continue to track the client and maintain contact until they are confident the client is settled in the new activity.

In Barrow, Routes to Work has procedures in place for following up clients once they have received support (e.g. a small sample are randomly followed up periodically; this formal follow up procedure is not in place in the other two pilot areas). There was support for having such a system; however concerns were raised about how it would be resourced.

The referrals and signposting being provided by the Health Trainers is not restricted to a narrow focus on employment or health (e.g. one woman was having some difficulties with her son and the Health Trainer was able to refer him on to appropriate support).

A high proportion of clients presented to the Health Trainers were drinking harmful levels of alcohol. For some, this was apparent prior to the referral to the Health Trainer, and many were actually referred from drug and alcohol support services, such as CADAS and the Rising Sun Centre. For other clients, the alcohol issue only became apparent once they had begun to work with the Health Trainer. As a result, a strong two way relationship has developed between the Health Trainer and alcohol support services.

A common theme amongst clients is that they are making some kind of transition into mainstream society, with the Health Trainer providing important bridging support at a difficult or challenging period in someone's life. The issue of cost was a barrier to referring clients on to some types of activities; this issue was flagged in terms of training provision and physical exercise sessions.

#### **4.5 Barrow**

In Barrow, the pilot is being managed by the Return to Work project. Addressing health related worklessness is a key priority in Barrow, and all the major stakeholders are signed up to the concept of supporting Health Trainers. However, they also recognise the challenge that people face when looking to return to work; there are an estimated ten vacancies for every Jobseekers Allowance claimant in Barrow. The project was launched on 3 December 2010 at an event that brought together a range of public, private and voluntary sector partners. The event provided the project with a relatively high profile launch and was a good platform for raising awareness amongst key partners, particularly those that could potentially refer clients on to the project. The project went 'live', in terms of actually working with clients, from January 2011. The Health Trainer has been appointed on a one year contract until 31 October 2011.

Return to Work is delivered by Furness Enterprises. Furness Enterprises provides business support and employment services in and around the Barrow area. It runs a range of projects designed to help individuals who are looking to re-engage with the labour market, either by moving directly into employment or by accessing training. Through Return to Work, people in receipt of Incapacity Benefit or Employment Support Allowance are able to access free, independent and confidential advice and support. This includes one-to-one support, confidence building courses, vocational training, help with CV's and job applications, and a clothing allowance for interviews or work. Return to Work is funded through the North West Development Agency and Barrow Regeneration. The Return to Work project has been running for three years and is overseen by the Health and Employment Group, a sub group of the Furness Partnership. This group comprises representatives of all the key stakeholders who have an interest in health and employment policy, including the NHS, Furness Enterprises and Jobcentre Plus.

The day-to-day management of the Health Trainer pilot is the responsibility of the Furness Enterprises Employment and Skills Manager. The Health Trainer is based at the Return to Work central office, but spends one day per week at the two community workshops that are run by Furness Enterprises.<sup>3</sup> The Health Trainer has established links with a number of partner organisations who are now referring clients. Furness Enterprises refer clients on to the Health Trainer, in addition to direct contact via the drop in service at one of the three delivery sites.

The network of partners that the Health Trainer has engaged with was well established prior to the project, and the Health Trainer has been able to take advantage of strong relationships with those partners. Examples of agencies that have been engaged include:

<sup>3</sup> The Health Trainer is working 4 days a week

- ❑ A4E;
- ❑ Age Works;
- ❑ Barrow Sports Council;
- ❑ Community Gym;
- ❑ Health Improvement Service;
- ❑ Jobcentre Plus;
- ❑ MIND;
- ❑ Oakleigh Trust;
- ❑ Shaw Trust;
- ❑ Stop Smoking Service.

#### 4.6 Sefton

NHS Sefton had previously been involved in the delivery of the Condition Management Programme<sup>4</sup> which included a Health Trainer element; however the partners felt that one issue with the Condition Management Programme was a lack of engagement with people who could potentially benefit from the programme. Once they engaged with the project, it was quite successful in actually getting people to stay the distance. NHS Sefton had links with HM Partnerships and was offered the opportunity to take part in the pilot. Previously, Sefton had not received funding for Health Trainers; this was felt to be an advantage as it would mean the project would be a standalone scheme. In areas where there were already Health Trainers in post, it was feared there was a risk the pilot would be 'lost' within the wider project. The Health Trainer has been in post since September 2010, having previously been a volunteer at the May Logan Centre. The Health Trainer is currently undertaking the Health Trainer NVQ course, having previously undertaken training in the delivery of brief interventions, such as smoking cessation.

The project is based within the May Logan Centre in Sefton, Merseyside. The May Logan Centre is managed by Liverpool Housing Trust, with NHS Sefton providing core funding. The Centre offers a range of facilities and services to local residents, including nurse led treatments, IT training, childcare and a community meeting space. A range of organisations offer services at the Centre, including Sure Start, the Liverpool Women's Hospital and Connexions. Currently, in excess of seventy different services can be accessed at the Centre. The Centre is also close to both Jobcentre Plus and the Sefton@Work project and therefore provides a convenient location for accessing the Health Trainer service. Prior to the Health Trainer pilot, there were already close links between the May Logan Centre and employment related activities (e.g. Sefton@Work offered job brokering services at the Centre).

The funding for the Health Trainer pilot has been provided to the May Logan Centre directly; the Primary Care Trust had previously funded a range of activities delivered by voluntary sector organisations within the Centre. The model of service delivery applied to health, thus directly funding the May Logan Centre is not unusual.

The project is overseen by a steering group that comprises representatives of NHS Sefton, HM Partnerships and the May Logan Centre. The Health Trainer also attends the steering group meetings. The project is targeted on two wards within Sefton – Linacre and Derby. These two wards have the highest proportion of people claiming Incapacity Benefit/Employment Support Allowance. They also have a higher than average proportion of people claiming due to mental illness – up to 80% higher than in neighbouring local authorities, such as Liverpool and Knowsley. These wards also broadly equate to the communities served by the May Logan Centre. A deliberate choice was made to focus the Health Trainer resource within a relatively defined geographical area, as this was felt to be the most cost effective way of managing a limited resource.

#### 4.7 Workington

In Workington, the Health Trainer was recruited during the summer of 2010 and came into post in August 2010. As the post was new, the first two months of the project were focused mainly on developing the delivery framework, promoting the service to partners and recruiting beneficiaries.

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<sup>4</sup> The Condition Management Programme is a short programme (approx. 4-16 sessions in length) aimed at helping participants to understand and manage their health condition or disability

The project is delivered through Routes to Work, a regeneration project working in West Cumbria supporting people back into employment. Routes to Work have attracted funding from a number of sources, including the North West Development Agency, to provide a team of employment advisors. As well as general advice, this team is able to offer Transition to Work grants that cover clothing, travel and training expenses. Routes to Work also offer a wage subsidy scheme. The employers involved in this project are generally SMEs and micro businesses that have a connection to the local community and are therefore encouraged to contribute to projects like Routes to Work by offering placements. Referrals to the Health Trainer are coming through a range of routes, including:

- ❑ CADAS;
- ❑ Cumbria Action for Social Support;
- ❑ Jobcentre Plus;
- ❑ local churches;
- ❑ MIND;
- ❑ Rising Sun;
- ❑ Routes to Work staff.

The links with some of the partner organisations pre-existed the Health Trainer pilots (e.g. through links with Return to Work). Other links have been developed by the Health Trainer who is primarily based in the Northside Community Centre, in one of the most deprived wards in the town. It attracts users from across the town, mainly the wards of St Michaels, Siddick, Northside and Flimby.

### **Summary**

- Client engagement has been one of the key challenges faced by the project.
- The pilots have successfully engaged clients who would not normally engage with this type of activity.
- Client referrals have come from three main sources: other service providers; self-referral; and group sessions.
- The initial client Health Trainer meeting is key to informing the goals each client sets for themselves.
- Motivating clients through regular contact is an important facet of the Health Trainer role.
- The Health Trainers are helping clients to set realistic but challenging goals.
- Each client receives a bespoke package of support.
- In addition to one-to-one support, many clients have participated in group sessions, often run by the Health Trainers.
- Health Trainers are effectively signposting clients to other support services and activities.
- The three pilots have applied the project framework in a way that complements the local context.

## 5 PERFORMANCE

The following section provides a brief summary of the performance of each of the pilot areas, in terms of quantitative outputs and qualitative outcomes.

### 5.1 Outputs

In total, by April 2011, 140 clients had been seen by the Health Trainers across the three areas. The following section provides a breakdown for each of the three pilots.

#### 5.1.1 Barrow

At the outset of the project, no specific targets were set as the project partners wanted to provide a degree of flexibility in the way the project evolved; however there was a general expectation that over the course of the twelve months of project delivery, the Health Trainer would offer support to approximately 50 people.

By April 2011, the Health Trainer had engaged with 51 clients. Table 1 provides the gender breakdown of the clients seen to date.

**Table 1: Client gender breakdown: Barrow**

Gender	No. of clients
Male	27
Female	24
<b>Total</b>	<b>51</b>

The clients were referred to the Health Trainer from partner organisations, although as Table 2 shows, there were also a significant number of self-referrals.

**Table 2: Client referrals: Barrow**

Referral source	No. of clients
Self-referral	10
Return to Work	3
Probation	1
Croftlands Trust	7
Shaw Trust	1
Jobcentre	4
Sure Start	15
Haverigg Prison	7
Age UK	2
PHX	1

Over half of the clients seen by the Health Trainer had not been in paid employment for over one year, as shown in Table 3.

**Table 3: Length of time since paid employment**

Length of time since paid employment	No. of clients
0 – 6 Months	5
7 – 12 Months	3
13 – 36 Months	10
Over 3 Years	15
Over 10 Years	6
Not applicable	9
Not disclosed	3

### 5.1.2 Sefton

The partnership operates on an informal basis, and there are no set targets or contractual obligations regarding outputs or outcomes. The Health Trainer has autonomy to determine the number of people within the caseload at any one time and the amount of time they will be seen for. In total, 66 clients have been engaged by the Health Trainer. Table 4 provides the gender breakdown.

**Table 4: Client gender breakdown: Sefton**

Gender	No. of clients
Male	20
Female	46
<b>Total</b>	<b>66</b>

As Table 5 shows, almost half the referrals have been self-referrals and slightly less than a third have come via Jobcentre Plus.

**Table 5: Client referrals: Sefton**

Referral source	No. of clients
Self-referrals	28
Alcohol Nurse	3
Doctor	2
Event	1
Health Trainer	1
Inclusion Matters	2
Jobcentre Plus	19
May Logan Centre	1
Midwife	1
Sefton Alcohol	6
Sefton@Work	1
SWACA	1

### 5.1.3 Workington

No targets have been set; however the early aim was for the Health Trainer to have an ongoing caseload of approximately 15 clients at any one time (1-2 new clients would be engaged each week on average). As at April 2011, the Health Trainer had engaged 23 clients. The gender breakdown is provided at Table 6.

**Table 6: Client gender breakdown: Workington**

Gender	No. of clients
Male	18
Female	5
Total	23

## 5.2 Outcomes

In each area, a range of outcomes have been delivered for individual clients. The three areas are reviewed in turn below.

### 5.2.1 Barrow

The feedback from stakeholders and clients demonstrated that working with the Health Trainer was having a real impact on the lives of individual clients. The three main ways the project had an impact are detailed below.

#### *Healthier lifestyles*

There was a consistent message from stakeholders that the client group do not, for the most part, lead healthy lifestyles. This was sometimes a result of interconnected health issues (e.g. some clients that had a mental illness were being treated with medication that caused weight gain). Clients felt they were leading healthier lifestyles, citing losing weight and smoking less; this was also recognised by stakeholders, although it was conceded that whilst there was a degree of confidence:

*'There is no absolute way of knowing.'*

The Health Trainer has a trust based relationship with clients, thus any claimed health impacts are generally the result of self-reporting rather than clients being independently weighed. Clients are participating in a range of different types of physical activities, including Tai Chi, Walking to Health and self-administered exercise routines.

#### *Direct steps to employment*

Some clients have gone on to voluntary work and others have applied for jobs. Two have secured employment, although one of these already had a job offer with the army but used the Health Trainer support to prepare for the physical activity aspect of the army application. There was also a degree of certainty on the part of the Health Trainer and the Routes to Work Manager that most could eventually go on to employment with the provision of appropriate support. Some clients had gone on to access volunteering opportunities, such as working in a local charity shop.

#### *Signposting on to other service providers*

Much of the client group had very little contact with other structured support services. One of the impacts of Health Trainer support was to provide clients with the self-confidence and practical information that enabled them to go on to access other activities. These activities covered both health and employment issues and included Tai Chi, drug and alcohol awareness sessions, IT courses, and Routes to Work workshops. Some clients were also referred to activities related to specific medical conditions, such as a diabetes self-management support advice. It was recognised by the Health Trainer, key stakeholders and clients that it is not just the support from the Health Trainer but the combination of other services, including Routes to Work.

The impact was not always recognised by the clients themselves; stakeholders frequently acknowledged changes in clients that were noticed by others but not the individual, perhaps reflecting the lack of self-confidence exhibited by many clients:

*'The project offers clients the opportunities to undertake small steps that almost invisibly change the clients' lifestyle.'*

### 5.2.2 Sefton

The main impact reported by clients and stakeholders is that clients have more confidence in themselves, providing them with the wherewithal to address other issues in their lives (e.g. some clients have stopped smoking, accessed gym sessions, and engaged with other training courses, such as SAGE business finance courses). Several clients felt that working with the Health Trainer had enabled them to develop their social skills, highlighting the development of a wider social network and:

*'Getting out of the house more.'*

The clients explained that their relationship with the Health Trainer is based upon trust and taking individual responsibility for the outcomes. The achievement of outcomes is recorded in the diary of each individual client.

### 5.2.3 Workington

Generally, the Health Trainer is working with people who are a long way from the labour market. One stakeholder described them as people that:

*'Wouldn't even leave the house.'*

The main impact has therefore been to reintegrate these people into some kind of formal support mechanism that gives them the confidence and social skills to engage with support services. This is a significant stepping stone in what can prove to be a long road back to employment. There is very little demonstrable impact on health outcomes. Several of the clients are at the point where they have been referred to Routes to Work and are working with the client groups; none have actually secured employment but this is not unexpected given the current climate. A typical example of a client was a woman who was socially isolated, had not worked for twelve years and was taking medication for antidepressants. The Health Trainer has supported her to the point where she is no longer taking her medication, is leaving the house more frequently, taking short walks, and seeing a counsellor who is providing professional support related to mental illness. The clients are some way from the labour market, and it is important to understand that the Health Trainer is a small step forward.

#### **Summary**

- 140 clients had been seen by the Health Trainers by April 2011.
- Over half of the clients were female.
- Most of the clients had been unemployed for over a year.
- Many clients are leading healthier lifestyles.
- Some clients are taking positive steps towards employment but few have secured a job.
- The key impact on the clients has been to raise their self confidence.

## 6 PARTNERSHIP WORKING AND PROJECT MANAGEMENT

Partnership working is key to the delivery of the Making the Links project. The following section reviews the nature of partnership working and how it has contributed to the project. It also describes how effective project management has contributed to the successful delivery of the pilots.

### 6.1 Partnership working

The creation of the Health Trainer pilots has resulted in a hard interface between organisations involved in tackling worklessness and those focused on improving health and wellbeing. As is addressed elsewhere in this report, this is having a tangible direct benefit on the clients. The Health Trainer pilots have also resulted in strong network arrangements being developed that bring together the health and employment sectors, providing an operational focus that was lacking prior to the pilots. This has manifested itself in several ways:

- the Health Trainer has developed operational links enabling health organisations to provide their clients with access to services, helping them take steps towards employment; and organisations focused on employment, to help their clients begin to address health and lifestyle issues that may be having a negative impact on their chances of securing employment. Jobcentre Plus advisors do not have the expertise or capacity to address a client's health needs, even though they may be aware that health issues are one of the barriers to employment faced by that client. The availability of the Health Trainer service means that they have access not just to the support directly provided by the Health Trainer, but indirectly to the health based services that the Health Trainers are referring clients on to;

In Barrow, there is real integration between the Health Trainer and CADAS that has resulted in:

- referrals from CADAS to the Health Trainer;
- referrals from the Health Trainer to CADAS;
- the development of joint sessions for Health Trainer clients and CADAS service users;
- an application by a Health Trainer client to become a volunteer at CADAS.

- developing and implementing the Health Trainer pilots has provided an opportunity for strategic managers in the NHS to forge closer links with people and organisations that are providing employment support services. It was recognised by a number of stakeholders that they were now more aware of the way other sectors operated (e.g. Primary Care Trust stakeholders felt they had benefited from having a better comprehension of what some of the employment agencies did, and how they delivered their services). The partnership arrangements have proved to be robust and this should be recognised. There have been some issues (e.g. some NHS stakeholders felt that employment agencies were not as well networked in their local communities as had been anticipated, resulting in some delays to the project becoming fully operational); however stakeholders now felt they had such a good understanding of each other that they were able to be open and honest about any issues that arose during the delivery of the pilots:

*'It has been easy to resolve the issues that have needed to be addressed because of the commitment of the partners to make this work.'*

Many of the stakeholders had long recognised that they were not meeting all the needs of their clients:

*'We are not able deliver all aspects of the service required by clients.'*

The Health Trainer was enabling them to feel content that more of the clients' needs could be addressed. Some concern was expressed that the pressure of funding cuts was making some of the partnership arrangements difficult to maintain. In some cases, services that the Health Trainer was linking to were no longer being funded, whilst in others staff have less capacity to develop and sustain partnership links;

- the nature of the project means that the Health Trainer is reliant on other organisations to ensure they are able to deliver their activities. This can include the use of different venues, engaging with different client groups through specific activities, or receiving referrals from different agencies. This means the Health Trainer must have or develop:
  - the ability to identify opportunities to collaborate with other agencies;
  - the ability to negotiate with other organisations in terms of the nature of collaboration;
  - the ability to problem solve within a partnership context;
  - the ability to manage clients that may be receiving support across a range of agencies.

For the most part, the Health Trainers have responded to the need for this skills set and have successfully embedded themselves within networks of local agencies working with disadvantaged groups.

In Sefton, the Health Trainer is a really effective gateway into the wider service offer of the May Logan Centre. She has taken the time to meet with other service providers operating out of the Centre so that they know what she is offering. In addition, the Health Trainer has also attended sessions run by a number of services in the Centre, providing her with an invaluable insight into the running of these services when referring clients.

The development of strong working relationships has led to the identification of new opportunities for joint working that is benefiting both the Health Trainer clients and service users of the partner organisations.

## 6.2 Project management

Effective project management has been an important factor in the successful delivery of the pilots. Three aspects of the way that the pilots have been managed are worth exploring:

- 1) the partners have been able to strike a reasonable balance in terms of the input they have in delivering the Health Trainer pilot. Obviously, the pilots involve a relatively minor investment in relation to the wider investment made in public health and employment, however it is an innovative approach and, coupled with the fact that it employs new people in new roles, requires a significant managerial commitment. The people line managing the Health Trainers have been able to draw upon the project partners for advice and support as necessary;
- 2) the Health Trainers have been supported to operate relatively autonomously and manage their own workload. In the beginning, the Health Trainers required more outline management; however they are now able to operate much more independently. In each pilot there are regular meetings between the Health Trainer and their line manager, plus more informal feedback and discussion. The Health Trainers are confident and have good self-awareness, thus when advice or support is needed they are prepared to ask. The line managers provide support from the perspective of both technical advice (e.g. providing access to wider networks) and more general management support (e.g. ensuring the role stays focused on key objectives). The Health Trainers operate relatively autonomously therefore it is important they are able to demonstrate self-awareness in terms of what they can and cannot do; there is evidence that this is being done effectively.

In Workington, the Health Trainer's case load is reviewed on a weekly basis with the line manager and Primary Care Trust lead. The main function of this review is to ensure that clients continue to progress as they are supported by the Health Trainer (e.g. the review meetings help to ensure that clients continue to receive support if there is no demonstrable progress being made towards achieving their goals).

The partners are aware of ensuring that the Health Trainer's time is focused on working with clients who can be seen to be benefiting from the support. This is indicated by the clients' willingness to engage and progress, making steps towards being more able to secure employment. The Health Trainers have been encouraged to have a more dynamic case load whereby clients are being referred on to other support;

- 3) the stakeholders involved in establishing and managing the pilots felt the amount of time needed to establish the Health Trainer service had been underestimated at the start of the project. It was accepted that there would need to be some development time linked to recruiting the Health Trainers and setting up the projects. The time needed to develop the links in the local community to provide adequate and robust referral routes was potentially underestimated; however the extension of funding has helped to alleviate this issue.

#### **Summary**

- The pilot has proved to be a catalyst for bringing together health and employment focused organisations.
- Partnership links have been forged at a strategic and operational level.
- Clients were benefiting from partnership working because it gave them access to a greater range of services.
- The Health Trainers have developed the skills set required for effective partnership working.
- The Health Trainers have been managed in a way that enables them to operate with a degree of autonomy.
- Adequate technical and managerial support is provided to the Health Trainers.
- The amount of management development time required was underestimated by project partners at the outset of the project.

## 7 COST EFFECTIVENESS AND ADDED VALUE

The following section discusses the cost effectiveness of the project, focusing in particular on the way the project has been delivered and how it has added value to services provided by other agencies. The section also reviews the extent to which drawing on the Health Trainers Programme has added value to the delivery of the pilot.

### 7.1 Cost effectiveness

In the main, the pilots are delivering a cost effective service. This can be demonstrated in three ways:

- 1) **use of existing organisational structures** – the three pilots have been delivered within existing organisational structures. This is a cost effective way of delivering services as it reduces the need for additional expenditure on office space, human resources and staff management. Group sessions were organised at a children’s centre because the users of the centre had highlighted cost and access to childcare as a barrier to attending exercise sessions. The group sessions were not just beneficial from a practical perspective, they also provided clients with a peer support network that could be drawn upon for both personal and group motivation;
- 2) **signposting on to other services** – the Health Trainers are signposting clients on to other services, making good use of existing resources. The outcomes that were demonstrated for many clients could be more formally attributed to the work of other agencies. However, clients and stakeholders recognised that it was often the intervention of the Health Trainer that was instrumental in providing motivation or support at a crucial moment. This can be seen in the case of a client who secured a work placement through Jobcentre Plus following a number of sessions with the Health Trainer;
- 3) **developing the capacity of individual clients** – the Health Trainers were referring many clients on to activities they could participate in independently. These included exercise routines they could do at home, or activities such as gardening, that could be incorporated into a daily or weekly routine. This type of activity was suitable for clients that might not be ready to engage in more formally structured activities.

The use of diaries is a cost effective way of helping the client to understand and recognise aspects of their lifestyle that needed to be improved, and that it was possible to improve them. All three Health Trainers are utilising the approach of diaries which are proving to be an effective way of helping individual beneficiaries to understand their starting point and appreciate the changes they are making (e.g. one client recorded being *‘quite shocked and guilty’* when he realised the amount of alcohol he was drinking, after keeping a diary for a number of weeks at the suggestion of the Health Trainer).

The diary is used on an ongoing basis to help the beneficiaries keep track of the changes they are making. The diary can also support people to reflect on the ways in which they may be failing to achieve their targets.

### 7.2 Added value

The project is demonstrating its cost effectiveness through the way it adds value to other support services. The Health Trainer adds value to existing services because they are able to provide one-to-one support and encouragement which improves the experience an individual beneficiary has of other support services. The reasons for this are threefold:

- 1) the Health Trainer can take time to develop a strong understanding of the issues faced by an individual beneficiary and the different approaches that are likely to have a positive impact. This means that an individual is more likely to be referred to services that are relevant to their needs and suitable for their characteristics and abilities;
- 2) the Health Trainer provides ongoing support and mentoring whilst the beneficiary is engaged with other activities;

- 3) the Health Trainer provides practical support and advice that enables the beneficiary to access other support services with relative ease, including support related to completing paperwork associated with additional activities, and making contact with support services to ensure that beneficiaries meet eligibility criteria. The Health Trainers also provide practical support, such as contacting beneficiaries to remind them about appointments and, in some cases, actually accompanying them to sessions.

The Health Trainers are able to fulfil this role for several reasons:

- ❑ **capacity to provide ongoing one-to-one support to individual beneficiaries** – part of the core function of the Health Trainer role is to provide flexible, bespoke support that reflects the individual needs of the beneficiary, a capacity which is often not available within other support services (e.g. smoking cessation service). According to one stakeholder, the Health Trainer had a more detailed understanding of both individual beneficiaries and the client group as a whole;
- ❑ **lack of provision for one-to-one counselling and support for the client group in all three pilot areas** – it is reasonable to assume that this is a characteristic of most areas. There was some provision of group activities however, as was recognised by clients, Health Trainers and stakeholders, many clients were not ready to go into group activities and did not engage with this type of provision;
- ❑ **the process of meeting with the Health Trainer** – this was felt by many clients to be more conducive to a productive discussion than some of the experiences they previously had with other services, including Jobcentre Plus. This was because:
  - the Health Trainers were seen as approachable;
  - they could spend time developing a relationship with the client;
  - they were able to focus on the issues that were of importance and interest to the clients;
  - they met in venues that the clients were comfortable with.

It is worth noting that this point was also highlighted by a Jobcentre Plus advisor who was fully aware that many people have negative connotations of the jobcentre and felt it difficult to be open with Jobcentre Plus advisors.

There are often periods when the clients will improve then relapse into previous lifestyle behaviours. Within this context, the Health Trainers have demonstrated awareness that, upon occasion, they will recognise an individual client who will not progress further and that support should be withdrawn. This has happened on several occasions; however it is not clear if those clients have been offered or referred on to other more appropriate support. In many instances, this is due to the fact that the client disengaged from the Health Trainer themselves. A small number of clients seemed relatively nonplussed about the support they were receiving and the relationship they had with their Health Trainer. This was generally the case when the client had a negative perception of the wider service provision they were accessing.

Some clients have chronic, formally diagnosed health conditions, and there is a need to ensure that these are managed before they can benefit from the type of support that the Health Trainers are providing. However, it is also important to appreciate that clients with chronic conditions can benefit from leading a healthier lifestyle even though it may not fully alleviate the symptoms of their condition.

When assessing the cost effectiveness of the pilots, in reality the time that has been available for actual face-to-face delivery of services has been condensed into 6-9 months. Following the recruitment of the Health Trainer, a period of between 3-6 months was needed before the service was operating at capacity. The Health Trainers also invested a lot of time in developing soft knowledge about the types of services that are available within a local area, and the match between what services are offering to different types of client groups. It would be a worthwhile exercise to ensure that this type of soft knowledge is captured and does not wholly reside with the individual Health Trainer.

## 7.3 Added value of the Health Trainer model

The Making the Links project has been delivered using the Health Trainer Framework developed by the Department of Health and delivered in a variety of contexts across England. The pilot projects were not formally part of wider Health Trainer networks as is the case in many areas; however the pilot has benefited by drawing on the Health Trainer model and associated resources.

### 7.3.1 Health Trainer Framework

The Health Trainer concept provides an overarching framework which can be adapted to local circumstances. This was a deliberate aspect of the framework identified during the earliest conceptions of the Health Trainer, and was a feature of the national Health Trainers Programme. This flexibility has both advantages and disadvantages: it provides opportunities for local areas to adapt the model to the individual context; however it also means that to some extent the scheme is developed anew in each area, leading to duplication of effort during the set up stages.

The framework provided the Health Trainers with a sounder grasp of the concepts behind the Health Trainer role; however the individual Health Trainers were relatively inexperienced. Similarly, many of the stakeholders, in particular non-health agencies such as Routes to Work, only had an outline understanding of the specific nature of the role – they were lacking practical experience of managing people that were principally working on health related interventions. The NHS partners had a more developed understanding of the nature of the role. The pilots were unusual for a Health Trainer scheme because they are based around a single Health Trainer, whereas schemes normally deploy networks of health in a particular area. One consequence of this is that the Health Trainers do not have a network of similar colleagues that they can relate to, making the wider framework even more important.

### 7.3.2 Health Trainer course

All of the Health Trainers have completed the Health Trainer course. The course was recognised as being a key factor in the development of the Health Trainer model for a number of reasons:

- ❑ all three Health Trainers felt it would have been more helpful to do the course at the start of the job;
- ❑ the course provided experience of tools and approaches that have been used by the Health Trainers in their daily delivery;

*'The course made it clearer as to where the Health Trainer fitted in.'*

- ❑ the course provided useful information about the different health issues that are likely to be faced by the client group;
- ❑ the formal training was supplemented by short courses that the individual Health Trainers did in their own areas; this included brief intervention courses, smoking cessation, and diet and alcohol misuse;
- ❑ the training changed some of the approaches taken by the Health Trainers. The initial focus was on trying to aim for all clients to successfully secure paid employment; there is now a realisation that this is not a realistic goal for many of the clients and has impacted on the type of goals that have been set;
- ❑ the course is providing a good background in some of the specific health issues and how to deal with them;
- ❑ the structure of the role was flagged by a number of Health Trainers and stakeholders. In some respects, the role is independent; the Health Trainers are new to the role and they had no colleagues in similar positions. The course was useful for providing them with some identity.

*'During the first few months, I did as I saw fit. The course was useful, it was a good course but the providers didn't do it justice. It was useful in framing the role and providing structure.'*

It should be noted that there were some issues with the delivery of the Health Trainer course; however these related to the way it was delivered rather than the content. These issues were highlighted to the deliverer and have subsequently been addressed.

### 7.3.3 Making the Links project

Being part of the wider project is having an impact, with the three Health Trainer models being developed along similar lines, particularly in terms of the common approach taken by the Health Trainers. The Health Trainer pilot is being implemented in a flexible manner in all three areas, testing different modes of delivery (e.g. working with Jobcentre Plus and GP surgeries). The Health Trainer pilot is proving to be an opportunity to test innovative models of delivery for employment and health advice within community based settings. The three pilots have all been delivered in a way that is flexible enough to provide opportunities to test out new models of delivery without jeopardising the whole project.

There were very few restrictions on the type of clients that could be supported or the type of support that could be offered. This meant that the Health Trainer could very much respond in a bespoke fashion to the needs and capacities of the individual client. However, in certain circumstances, the Health Trainer has had to work within the confines of the different rules and regulations associated with the delivery models of partner organisations.

In Workington, Action for Families and Barnardo's operate out of different children's centres and therefore have to restrict the families that they support on the basis of residential address.

The project steering group has also proved to be a useful forum for sharing knowledge, experience and practice between the three pilots.

NHS Sefton circulated their Healthy Sefton Lifestyle Cards, providing a summary of key public health messages. They are designed to ensure that anyone working with the public has access to basic public health information and that any messages given to the public are accurate and consistent. All three Health Trainers have been given the cards and they have proved useful. The project partners have begun to explore ways of encouraging the Health Trainers to network with each other.

The Health Trainers have all come to the project from very different backgrounds and all bring unique skills and experiences to the project. There is potential for extracting further value from the shared knowledge of the Health Trainers by providing a more structured framework for them to exchange knowledge and experience. The three Health Trainers have been encouraged to exchange information and experiences between each other via email, which has proved successful.

Although the partners agreed that the lessons learnt from the implementation of the Health Trainers should inform and influence mainstream service delivery, they also retained a degree of realism about the extent to which this could be achieved, particularly within the current context of public sector resource constraints:

*'It will be challenging under the current circumstances for the project to have any impact on mainstream service.'*

The input of HM Partnerships should also be recognised, having played a key role in identifying the pilot areas and providing the funding that has underpinned the project. The three pilots were given the freedom to develop their own interpretation of the Health Trainer concept, and HM Partnerships has supported them in doing this.

**Summary**

- The pilots have effectively utilised existing organisational structures in order to minimise delivery costs.
- The delivery model is based on facilitating clients to take action for themselves.
- The pilots are adding value to existing services by improving the quality of client referral and addressing the lack of one-to-one client support.
- Judgements about cost effectiveness need to be made in the context of a relatively short delivery timeframe.
- The national Health Trainer concept has provided a sound framework for the pilots.
- The Health Trainer course was useful and provided up to date skills and knowledge for the Health Trainers.
- Being part of the wider pilot has been of use to the three areas.
- HM Partnerships played a key role in identifying the pilot areas.

## 8 CONCLUSIONS

The following section draws together the key conclusions of the evaluation. Issues discussed include the impact that the project has had on attitudes and preparedness for work; the economic climate the project is being delivered in; and the ways in which distance travelled is being measured.

### 8.1 Introduction

The interim evaluation has demonstrated that, whilst working within the template of a common framework, the three pilot areas have developed models based on flexible delivery that reflect the context within each area. The three pilots have also evolved to reflect the personal background, skills and experience of the individual Health Trainers. The local context has influenced the range and type of organisations and clients the Health Trainers are networking with.

The evaluation has sought to take account of the fact that the nature of the Health Trainer service is tailored to individual needs. A simplistic comparison between the three individual pilot projects does not provide a useful model for assessing the merits of them; therefore the evaluation has focused on developing a qualitative insight into the delivery and impact of the three pilots, with a view to identifying the lessons that can be learnt which collectively form the Making the Links project.

The projects have achieved their primary goal of establishing a new service within a relatively short timeframe. The Health Trainers have all successfully been able to develop their own links and networks with a range of organisations in their localities. During the initial two or three months of their time in post, the Health Trainers focused on building up resources, networking, developing an understanding of the referral process of different organisations, and assembling comprehensive information resources regarding signposting and referral.

The stakeholders identified the main challenge of the pilots as trying to establish and deliver meaningful outcomes whilst also working within a relatively short timeframe. The general feedback was positive; stakeholders, the Health Trainers themselves, and the clients felt the project was having a positive impact. The project was also seen as supporting a client group that currently has very little appropriate support available, but is likely to grow in size due to wider economic conditions and changes to the way out of work benefits are administered. Despite this, there is some uncertainty about the future of the project as the ongoing squeeze on public finances continues. As one stakeholder commented:

*'It has been hard work; it is a pilot project and there have been a number of challenges that have been overcome.'*

Any realistic assessment of the impact of this project should take into account the job readiness of the client group and be based on an understanding that, in reality, many of the beneficiaries are unlikely to return to the labour market in the short term. The Health Trainer pilots are having an impact regardless of employment outcomes. Being unemployed has been shown to have a detrimental long term impact on people's health in a number of ways, and there is evidence that being unemployed is directly linked to a number of physical and mental health problems. The value of the Health Trainer project can be assessed simply by looking at the health gains that are achieved by people who would otherwise be at risk of poor health. The Health Trainer concept is ideally suited to working with this client group because of the focus on the lifestyle aspects of health promotion. The impact of unemployment on people's health is often a result of lifestyle behaviours, such as poor diet, greater propensity to smoke and drink, a high risk of misusing illegal and prescription drugs, and a lack physical exercise.

The stakeholders across all three partners were generally satisfied with how the project was being delivered, both in terms of the number of people engaged and the variety of support on offer. The service was felt to add value by providing an added dimension to the partnership working that was already in place. One Health Trainer Manager concluded that they were:

*'Extremely pleased with the way the project has gone.'*

Whilst another affirmed similar sentiments when commenting:

*'The project was more successful than I had anticipated.'*

Given the client group, it is unlikely that significant numbers of beneficiaries are going to move into paid employment, particularly given the present economic situation; however some beneficiaries have started training and are moving closer to the labour market. The key stakeholders understood that clients would not necessarily be job ready after working with the Health Trainer, but felt it was important that they were referred on to or back into other services, such as Jobcentre Plus, to maintain the momentum.

The Health Trainers have been responsive to local needs; where there has been no suitable provision locally that met the needs of the client group, the Health Trainers have been proactive in working with partners to address these gaps or develop provision themselves (e.g. in Barrow, the Health Trainer has established exercise sessions as none were available free of charge).

The key to the Making the Links project is to explore the potential benefits of a service that supports people whose quality of life is being negatively affected by poor health and a lack of employment. However, at the outset of the project, the partners were unclear as to what the balance would be between focusing on health and employment. It was accepted that this would emerge as the project developed. Stakeholders recognised from the start of the project that there may be tension between the extent to which the Health Trainer role was focused on employment or health; however there was a common understanding that the main focus of the role would be on health promotion and advice.

Very few clients appeared to identify health as the principal reason for leaving paid employment in the past; however many cited health as an ongoing barrier to securing and sustaining paid employment. This would echo much of the research that has been done in this area, showing a direct link between periods of unemployment and poor mental and physical health.

## **8.2 Opening minds to employment and healthier lifestyles**

Clients that have worked with the Health Trainers are more open to the suggestion of taking steps towards securing employment and are more positive about their chances of securing paid employment. The clients are also more willing to adopt healthier lifestyles. Several clients came to the Health Trainers with a very negative and pessimistic attitude towards their employment prospects. Many felt that, because of this, there was very little reason for them to consider health improvements. These attitudes were often based on their perceptions of the labour market and their views on how they would be judged by potential employers (e.g. many clients felt that employers would not consider them because of their age or their previous employment and health histories). Gradually, and often without being explicit, the Health Trainers are generating a more upbeat attitude on behalf of clients, resulting in many now feeling they can start to think about employment.

Several clients have been referred on to employment support agencies. The intervention of the Health Trainer was shown to be crucial in getting the client to a position where they were receptive to more specific support related to employment. In one instance, this was as simple as providing information to a client about employment support services they were unaware of.

There is a complex interaction between the different types of intervention the Health Trainers are delivering. Several clients highlighted the impact that eating a healthier diet or taking more exercise was having on their mental health and wellbeing; improved mental health and wellbeing was in turn having a positive impact on the client's confidence. As clients became more confident, they were more open to improving other aspects of their lives, including taking steps towards employment.

## **8.3 Addressing lifestyle issues as preparation for work**

The Health Trainers are having an impact in helping people to address basic lifestyle and health issues, in turn helping them to take steps towards seeking employment. The service is helping people prepare for employment in three main ways:

- 1) it is engaging with people on health issues through the contact that people have with support services that are primarily focused on employment;

- 2) it is trying to help people to understand the impact that a healthy lifestyle can have on their chances of securing employment;
- 3) it is providing a focal point through which organisations working within the health and employment sectors can engage with each other.

The Health Trainers were a practical referral route for employment support agencies who were working with clients that had lifestyle based health problems (e.g. a history of alcohol misuse). Mental health has a strong relationship to employment status, both in terms of cause and effect. People understand that they would benefit from returning to paid employment but do not always have the confidence to make the first steps. As stated, the Health Trainer provides a:

*'Bridge between counselling or treatment and mainstream employment services.'*

One of the factors consistently recognised by stakeholders, project staff and clients was that the Health Trainer service addressed a key gap in the existing service offer, bridging the health and unemployment sectors:

*'The project addresses the missing link within the current return to work offer by being able to give people access to health advice.'*

There is an inbuilt bias towards focusing on health issues within the Health Trainer model that is driven by two factors:

- 1) as Health Trainers, the overall structure and direction of the concept is on health. The formal training that Health Trainers undertake is focused on health related issues rather than employment;
- 2) the client group that has been targeted by the pilots are, by and large, either not thinking about employment or somewhat off realistically securing employment (or both). Some clients do make it explicitly clear at the start of the project that they are not ready to start thinking about employment.

However, clients are aware that the Health Trainer post is linked to employment goals, although there is an understanding that it is not linked to benefits and that clients will not be expected to move directly from Health Trainer support to employment. This is understood by both the clients and the referring organisations. Many clients are not quite ready for work, but since working with the Health Trainer are now discussing employment opportunities, often after only a few weeks support. For all clients, the possibility of employment is at some point raised by the Health Trainer; for a significant proportion of clients, the very action of working with the Health Trainer is an indication of willingness to start making the transition back into employment.

The Health Trainers are providing additional capacity that enables services predominantly focused on either health or employment to expand their remit (e.g. Routes to Work does not have enough support available for people with mental health issues therefore the Health Trainer is providing additional capacity for this client group):

*'The Health Trainer is engaging with people who wouldn't ordinarily walk through the Routes to Work or Jobcentre Plus door.'*

The Health Trainer is a positive model of delivering support to this client group because it engages them in a positive activity that, although not directly related to work, has the benefit of keeping people involved in an activity. There is a lot of evidence to show that the longer someone is out of work, the less likely it is they will secure employment. The activities they are engaged in are also activities that can demonstrate positive outcomes in the short term. This is in contrast to interventions that are directly relevant to employment that may not yield positive results in either the short or medium term.

## **8.4 Health and confidence**

One of the main issues flagged by a number of clients is that they lack self-confidence and this is affecting their ability to engage with support services and employment opportunities. Their self-confidence is tied up in a two way relationship with health and lifestyle issues (e.g. some lacked confidence due to their physical fitness which contributed to their continued smoking).

For many clients, it is difficult to discern with certainty if health was a key barrier to employment or whether self-confidence is the actual issue that underlies both the individuals' health issues and their lack of employment. Some clients did have specific health issues that were acting as a barrier to employment, such as Aspergers, but these appear to be in the minority.

One of the consequences of a lack of self-confidence is that clients are reluctant to engage in activities that could potentially improve their lifestyles (e.g. many clients had concerns about their weight but were not confident enough to attend sessions at a public gym). As one Health Trainer commented:

*'Would be a step too far for many of the client group.'*

Success can be measured in a number of ways. Some clients have now started to independently attend the gym or volunteering. The project has highlighted the impact that health problems can have on a person's health and ability to secure employment (e.g. the Health Trainer has spent time ensuring people keep doctor's appointments); however the Health Trainers and the key stakeholders realise the limitations of the Health Trainer role, particularly in terms of impact on treatment.

Often, the Health Trainers are working with people who are facing or have faced a period of adjustment or transition in their lives (e.g. clients that had lost their jobs after many years working for a single employer or clients that had come to terms with a chronic health condition). For some, the point at which this change in life circumstance occurred was very clear cut (e.g. one client had been involved in a motor cycle accident that had left him paralysed and was now trying to adapt his circumstances to this situation).

## 8.5 Economic context

There was a consistent message amongst stakeholders that the current economic climate was making it difficult for clients to secure employment after working with the Health Trainer. For the most part, the client group have found it difficult to obtain employment in times when the economy was relatively buoyant and, at least nationally, employment levels were high. This reflects consistently high levels of unemployment in the areas where the Health Trainers are based, but also the fact that the client group were some way from the labour market and required intensive support if they were to secure paid employment. As unemployment levels have increased, it has become even more difficult for this client group to become competitive in the labour market. As one client commented:

*'There are no jobs out there.'*

All three pilots have recognised that the realistic goal for many of the beneficiaries is to get to a position where they are potentially closer to the labour market than previously. For the most part, the health and employment history of the beneficiaries means it is unlikely they will secure employment directly after working with the Health Trainer:

*'The Health Trainer provides some flexibility as he is able to work with people who are less likely to deliver a job outcome in the short term.'*

There was a reasonably consistent view from stakeholders, Health Trainers and some clients that if employment is secured after working with the Health Trainer, it is likely to be an indirect benefit. The referral on to Routes to Work is a positive impact as many of the client group would not have been seen by them without the help of the Health Trainer:

*'Generally, I'm happy that it is having a positive impact.'*

The Health Trainers recognised that the issue of employment was sensitive for many clients; the clients are not usually thinking about employment and it is not touched upon at the first session for fear it might dissuade them. One Health Trainer stated that they would introduce the idea gradually, perhaps initially suggesting voluntary work. Some clients do not want to improve their current position thus it is important that the Health Trainer is aware of this and is able to *'ease off'* some clients, as it is unlikely they will progress. Some do not have any realistic chance of securing employment even in the long term.

The client group are far from thinking about employment at this stage of their transition, and even asking them questions about employment could be potentially intimidating. The Health Trainers have demonstrated that they are sensitive to this and are happy to accommodate this in their approach. The Health Trainer model is an effective way of engaging with this client group as the model provides time to get to know the client, and develop an understanding of the underlying issues and needs that are contributing to the problems faced (e.g. do people have depression for some underlying problem, or is their employment status the primary cause of their depression?)

## 8.6 Measuring distance travelled

One of the key challenges for the Making the Links project is understanding that, given the nature of the client group and the type of support that is offered, the impact may not be related to outputs or outcomes that can be quantifiably measured; therefore it is important that the project stakeholders and the Health Trainers are able to understand and assess the distance travelled by clients towards a position where they may achieve quantifiable goals, such as securing paid employment.

### 8.6.1 Client starting point

One of the key factors consistently noted was distance from the labour market. It was observed by several of the employment focused agencies that without the Health Trainer support, it is likely the major proportion of the client group would not be supported by them because of the low chances of securing employment. Some clients reported not having had paid employment for five or more years. Several clients expressed the view that they themselves held very little realistic hope of securing paid employment, and that this hopelessness permeated their lifestyles generally, with the following being a typical comment:

*'I drink because there is nothing else to do.'*

In addition to poor health and often weak histories of employment, many of the clients were also trying to manage complicated and sometimes difficult family circumstances. Several female clients indicated that they had in the past experienced violent or abusive relationships; others had experienced, or were experiencing, problems with their children including health problems; and other clients had caring responsibilities such as elderly parents.

In Sefton, one client explained that her son had been diagnosed with a thyroid problem and was significantly overweight. The Health Trainer provided advice and support that related to the whole family in terms of healthy eating and diet (e.g. access to cooking courses).

Due to the ongoing nature of the relationship between the Health Trainer and individual clients, it often took on a dynamic character whereby the Health Trainer would support the client to respond to changing circumstances (e.g. one client underwent a hysterectomy during the period they were being supported by the Health Trainer; the Health Trainer was able to respond to this by offering alternative activities to those the client was engaged in). Several clients were already engaged with employment support agencies but were aware that their health was impeding their search for employment. Some clients also had a clear appreciation of what was needed in order to improve their employment prospects (e.g. some clients identified improving their English and maths as a priority).

In Barrow, a client was working with Routes to Work and had started a work placement at a local retailer; however he found the work difficult due to a previous shoulder injury. He was referred to the Health Trainer who was able to recommend a programme of light physical activity that would strengthen the shoulder.

### 8.6.2 Action plan based approach to the provision of support

The role is fairly autonomous, the Health Trainer is free to provide whatever support they can practically offer depending on the client; therefore it is important that the Health Trainer is able to maintain a good understanding of the progress that each individual client is making in order to effectively manage the overall case load.

In an attempt to provide a realistic degree of support to clients who are starting from a relatively low baseline, the Health Trainers are taking a step by step approach based on setting modest but achievable targets and milestones. Goals are bespoke to the individual client, focusing on changes the client wishes to make to their lifestyles in relation to health or employment. The Health Trainers are using the DCRS<sup>5</sup> framework as a guide to developing the client action plans, although none are formally following this framework or using the associated software.

The clients do not follow an easy path of agreeing milestones and then achieving them – there are ups and downs:

*'She understands the pace at which people will be able to take.'*

The Health Trainers have been provided with support to develop an understanding of distance travelled through regular meetings with their line managers.

In Workington, the Health Trainer has a weekly one-to-one session with their manager that focuses on:

- progress of the beneficiaries;
- signposting opportunities and the effectiveness of the links with other organisations;
- advice and support for the Health Trainer about the overall delivery of the service or individual issues with specific beneficiaries;
- timescales, in terms of the time spent with individual beneficiaries and the development of the overall caseload.

There is a danger that some of the client group will be more experienced at being engaged in this type of activity; therefore it is important that Health Trainers are aware of the potential for people going from different support projects with no realistic aim of moving on and securing employment. For some, this could be a response mechanism to a perceived lack of employment opportunities.

In Workington, Routes to Work was already seen by Jobcentre Plus as an organisation that could work with some of the most challenging clients and those likely to be furthest from the labour market. The clients that the Health Trainer is working with that would not normally be supported by Routes to Work advisors and are therefore much further from the labour market than the existing client base.

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<sup>5</sup> Data Collection and Reporting System (DCRS)

**Summary**

- The pilots have achieved their primary goal of establishing a new service within a relatively short timescale.
- Stakeholders and clients recognise that the Health Trainers are delivering positive outcomes.
- The client group requires significant and long term support if employment is to be considered a realistic goal.
- The current economic climate makes it more difficult for the client group to be competitive in the labour market.
- The clients are becoming more open to the potential for securing employment.
- The Health Trainers are helping clients to address lifestyle based health issues and this is a key step towards seeking employment.
- The relationship between the Health Trainer and the client is dynamic and responsive to change.
- Clients are setting realistic goals and taking a step by step approach to achieving them.
- There is a risk that some clients are 'gaming the system'.

## 9 RECOMMENDATIONS

The principle advantage of a formative evaluation is that it provides an opportunity to use the results of the evaluation to further the development of the activity that is being evaluated, and make recommendations that can be used to improve project activities. The partners in all three pilot areas recognised that the delivery model being used for the Making the Links project was subject to change as it was understood to be a model that was under development:

*'The model will evolve as it is implemented.'*

Three main recommendations are made in terms of improving the pilots in the short term:

- 1) address gaps in provision;
- 2) continue to capture lessons learnt from across the three pilot areas;
- 3) lessons for further roll out.

### 9.1 Address gaps in provision

There are some opportunities for making relatively modest extensions to the existing service. These include:

- ❑ offering support to people who are still in employment;
- ❑ offering access to facilities, such as gym equipment;
- ❑ offering a broader range of classes and organised group sessions such as 'cooking on a budget';
- ❑ providing access to voluntary work placements.

### 9.2 Continue to capture lessons learnt from across the three pilot areas

The Making the Links project is a pilot project and, as such, was designed to provide an opportunity to test out new approaches. The project was delivered over three pilot sites and this has provided a useful opportunity to share knowledge and experience across the three areas. This has been done both at the strategic level, predominantly through the steering group, and at the operational level through direct informal networking between the Health Trainers. This aspect of cross project learning will be further enhanced through the partners' commitment to the formative evaluation of the pilot. It is important to recognise the value of learning within a pilot project and continue to invest time in capturing the lessons from the individual pilot site.

### 9.3 Lessons for further roll out

There are two issues relating to the potential roll out of the Health Trainer model as tested through the Making the Links project:

- 1) the bulk of the evaluation has considered the relative merits and impacts of this model, thus providing an evidence base that service commissioners can use to inform decisions in relation to replicating this model elsewhere;
- 2) there are a number of lessons that can be learnt in terms of the practical implementation of the model.

The second of these aspects is considered in this section. There are five key lessons that can be learnt from the pilot project, detailed further in the following sub-sections.

#### 9.3.1 Ensure adequate preparation and development time

At the start of the project, there was a lack of clarity around the role of the Health Trainer and the balance between health and employment. The pilot process could have provided a more structured overview and had greater clarity over what the partners were trying to achieve. On the other hand, the process has been characterised by learning across sectors, thus in some areas there was a lack of understanding.

It took too long to get the service up and running, particularly gaining people's trust; the client group is vulnerable therefore agencies need to have some confidence that the services they are referring people on to are robust. The process of gaining people's trust is reliant on having the time to work through the practical issues, such as raising awareness of the service and making time to be able to meet with people and develop the links needed.

### **9.3.2 Recruit the right type of Health Trainer**

The Health Trainer service is one that is almost wholly reliant on the personal skills, experience and attributes of the individual in the role. However, one of the key aspects of the Health Trainer model is recruiting people who have the potential to develop and grow into the role rather than those who can immediately begin to deliver the required support. The role therefore requires a good balance between existing experience and personal characteristics. The pilot project has demonstrated the importance of recruiting the right people to the job:

*'It is important to get the right person in the right role.'*<sup>6</sup>

The three pilots have recruited people with different backgrounds and life experiences but all can be seen to have grown into the role and developed their own personal take on the Health Trainer position (e.g. one of the Health Trainers has a background in sport and physical activity, reflected in the type of support that has been offered to clients and some of the group sessions that the Health Trainer has run). Similarly, one of the Health Trainers has previously spent periods of time out of work and is able to use this empathy to engage with and relate to the client group.

All of the Health Trainers are able to relate to the challenges that people are facing and this is recognised by clients as an important aspect of the pilot. On occasion, there have been instances where the Health Trainers have been able to target specific groups who would not necessarily relate to another person in a similar role (e.g. one stakeholder felt that females with anxiety and eating disorders were more likely to engage with a female Health Trainer; similarly, the fact that the Health Trainer was male meant that young men would be more willing to discuss issues related to their health).

### **9.3.3 Build upon effective local partnership arrangement and networks**

The three pilots within the Making the Links project were implemented within the context of strong partnerships and networks within each of the three areas. This was an important factor in the successful operation of the pilots. If other areas were considering implementing a similar approach to that used within this project, it would be important to ensure that the Health Trainer could be placed within a supportive partnership environment providing access to functional networks.

### **9.3.4 Develop on the job skills and knowledge**

Although the Health Trainers each brought some skills and experience to the post, they were all new to the role itself and have therefore been developing their skills and formal knowledge; this personal development is recognised as a key aspect of the role. All three Health Trainers have completed the formal Health Trainer course and a short course in drug and alcohol counselling, such as Stage 1 and 2 Smoking Cessation Support.

Prior to working directly with clients, the Health Trainers, supported by key stakeholders, invested a considerable proportion of their time in building up local knowledge and meeting people, including attending meetings of Primary Care Trust service providers; this development of local knowledge has continued as the pilots have developed. The Health Trainers have shadowed colleagues from the NHS, providing smoking cessation, alcohol advice and healthy eating support services. The Health Trainers have also attended some of the short course provision they have been referring clients' on to. The areas where the Health Trainers have particularly been developing their knowledge have been in terms of employment support activities, and community organisations and networks.

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<sup>6</sup> Health Trainer Manager

This development of background knowledge has been invaluable for the Health Trainers, providing them with a wide and varied knowledge of the different services available, but perhaps more importantly it has given them the confidence to refer clients to services best suited to them. The Health Trainers themselves acknowledged how important the opportunity to invest time in personal development was. As one commented:

*'It helped develop a good understanding of the things that are involved in working within different communities.'*

### **9.3.5 Utilise existing organisational structures**

The success of the pilot projects has been partly based upon the effective use of existing organisational and management structures. The Health Trainers have been based within existing teams and have been provided with support through existing project activities, meaning the service can be delivered with relatively little additional financial investment other than costs directly associated with the employment of a Health Trainer. The three pilots have all identified ways in which the initial set up and development of the project could have been improved; however these improvements primarily relate to issues associated with the development of pilot type activities. It is possible that many of the lessons of establishing this type of service have been learnt, and could be mitigated in other areas seeking to establish similar services.

## 10 CONCLUDING COMMENTS

There is widespread support amongst stakeholders for the continuation of the project, with the following quote representing a typical view:

*'I am really pleased it's out there. The Health Trainer is enthusiastic and engaged.'*

However, it is difficult for the stakeholders to make firm commitments about rolling out the pilots at this stage, as the projects have only been operational in the sense that they have been working directly with clients for a relatively short period of time; therefore it is too early to make firm commitments about further expansion of the service. There are also few resources available at the moment for the expansion of new services.

In Sefton, additional NHS funding has been secured to support the continuation of the Health Trainer post into 2012. This will also include provision of resources for clients and an additional Health Trainer post.