



**January 2012**

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

Final report prepared by

**CLES Consulting**

Presented to

**HM Partnerships**

<b>CONTENTS</b>	<b>PAGE NO.</b>
<b>1 INTRODUCTION</b>	<b>3</b>
<b>2 THE NEED FOR THE PROGRAMME</b>	<b>4</b>
2.1 Project rationale – is there a need for Health Trainers?	4
2.2 Project objectives	5
<b>3 PROJECT DELIVERY</b>	<b>6</b>
3.1 Engagement and outreach	6
3.1.1 Client engagement	6
3.1.2 Referrals from other service providers	6
3.1.3 Self-referral	6
3.1.4 Group activities	7
3.1.5 Initial meeting and client assessment	7
3.2 Motivation and support	7
3.3 Activities	7
3.4 Signposting and onward referral	8
3.5 The pilot areas	8
3.5.1 Barrow	8
3.5.2 Sefton	9
3.5.3 Workington	10
<b>4 PROGRAMME PERFORMANCE</b>	<b>13</b>
4.1 Funding and staffing	13
4.1.1 Barrow	13
4.1.2 Sefton	13
4.1.3 Workington	13
4.2 Activities and participants	13
4.2.1 Outputs	13
4.2.2 Barrow	14
4.2.3 Next steps – Barrow	15
4.2.4 Sefton	15
4.2.5 Sefton – Next Steps	16
4.2.6 Workington	17
4.2.7 Next Steps –Workington	17
4.3 Impact of the programme	18
4.3.1 Healthier lifestyles	18
4.3.2 Increased confidence	19
4.3.3 Volunteering opportunities	20
4.3.4 Signposting to other service providers	20
4.4 Distanced travelled	21
4.5 Sustainability of outcomes	22
<b>5 COST EFFECTIVENESS AND ADDED VALUE</b>	<b>24</b>
5.1 Cost effectiveness	24
5.2 Added value	26
5.2.1 Using existing statutory services and support organisations	27
5.2.2 Supporting a hard to reach client group	27
5.2.3 Providing tailored, specific and appropriate support	27
5.2.4 Adding value for clients and Health Trainers	27
<b>6 CONCLUSIONS</b>	<b>29</b>
6.1 Improved partnership working	29
6.2 A measurable economic impact	29
6.3 Increase referrals to Health Trainers	30
6.4 Improve health outcomes for clients	30

6.5	Improve the employability of clients	30
<b>7</b>	<b>LEARNING FOR THE FUTURE</b>	<b>32</b>
7.1	Delivering pilot initiatives	32
7.2	Strong partnership working	32
7.3	Quick wins	32
7.4	Establishing flexible outputs	32
7.5	The skill set of the Health Trainer	33

## TABLES

Table 1:	Funding breakdown – Workington	13
Table 2:	Client gender breakdown – Barrow	14
Table 3:	Client referrals – Barrow	14
Table 4:	Length of time since paid employment	14
Table 5:	Priorities for using the Health Trainer	15
Table 6:	Outcomes in Barrow	15
Table 7:	Client referrals – Sefton	16
Table 8:	Length of time unemployed	16
Table 9:	Sefton outcomes during pilot programme	16
Table 10:	Sefton outcomes post pilot period	17
Table 11:	Client gender breakdown – Workington	17
Table 12:	Examples of Health Trainer Service Outcomes	24
Table 13:	Cost per output and engagement – Health Trainers	26
Table 14:	Total cost per beneficiary and engagement	26

## APPENDICES

1	Methodology	i
---	-------------	---

## 1 INTRODUCTION

CLES Consulting was commissioned by HM Partnerships to undertake an evaluation of the Health Trainer and Worklessness: Making the Links Project. The evaluation has been delivered in two stages: an interim study was undertaken and completed between March and April 2011; and a final evaluation took place during October and November 2011. This report presents the findings of the final evaluation, the methodology for which can be found in Appendix 1. The pilot has now ended in two of three areas – Workington and Barrow. In Sefton, funding has been secured to both continue with the Health Trainer role for a further year and to fund an additional Health Trainer.

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 issues linked to changing individual behaviour, smoking cessation, healthy eating or physical exercise. As well as impacts on the local population, the programme has a secondary aim of providing routes into health related employment for the Health Trainers themselves. Health Trainers have also received training in a Level 3 City & Guilds for Health Trainers qualification. 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 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, taking forward and testing the recommendations. The funding came from the Department of Health from resources ring fenced for inequality policy. 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 pilots 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;
- ❑ Alison McMenemy, NHS Cumbria;
- ❑ Mark Haig, Haig Associates;
- ❑ Jimmy Hayes, Jobcentre Plus;
- ❑ Christine Clark, NHS Cumbria;
- ❑ Jane Thompson, NHS Cumbria;
- ❑ Nicky Speakman, Brighter Living;
- ❑ Claire Jones, Senior Health Promotion Officer, 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 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.

The report is structured into the following sections.

Section	Content
Section 2	The need for the programme
Section 3	Project delivery
Section 4	Programme performance
Section 5	Cost effectiveness and added value
Section 6	Conclusions
Section 7	Learning for the future

## 2 THE NEED FOR THE PROGRAMME

The following section provides an introduction to the Making the Links Project, describing the national policy background which 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 the pilot. It also details the five objectives which have driven the pilot.

### 2.1 Project rationale – is there a need for Health Trainers?

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 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. Through the paper 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. 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.

*'Choosing health'* also proposed that much illness and disease could be prevented if specific changes to lifestyle were made. The reducible risk factors targeted are:

- ❑ tobacco;
- ❑ alcohol;
- ❑ blood pressure;
- ❑ cholesterol.

The Health Trainer model has changed and evolved over time. This means that although there is an overarching model which has been consistently applied, each Health Trainer scheme has its own distinct characteristics (e.g. some have a particular geographical focus whilst others have concentrated 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>

Since *'Choosing health'*, there have been a number of national policy and strategy documents which have continued to feed into the agenda surrounding Health Trainers:

- ❑ **Ambitions for Health 2008** – a strategic framework for maximising the potential of social marketing and health related behaviour, which included the need for Health Trainers to put social marketing principles into action at a local level, with the aim of lasting behavioural change;
- ❑ **Fairer Society Healthier Lives: Strategic Review of Health Inequalities Post 2010 (The Marmot Review)** – highlights that premature illness and death affects all but the very higher socio-economic groups in society. It emphasises the need to address inequality through joint effort between NHS, central and local government, private sector and local communities. The importance of local delivery is stressed alongside empowerment of both the individual and local communities. Specifically, Health Trainers are cited as having a contribution to reducing health inequalities;

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

- **Healthy Lives, Healthy People: Our strategy for Public Health in England, 2010** – stresses the need for continued efforts to tackle inequalities by changing adults' health behaviour through self care. The strategy recognises that people are responsible for their own choices, but can be assisted through support that focuses on enabling, guiding and supporting these choices. Emphasis is placed on community leadership, with local communities at the heart of health improvements, shaping their own environments and tackling local issues.

## 2.2 Project objectives

Five objectives were agreed for the programme 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 of long term worklessness and improve employability.

This evaluation has focused in particular on objectives 1, 2 and 3. Objectives 4 and 5 have been considered but are addressed in more detail through work undertaken by the North West Public Health Observatory.

### **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.

### 3 PROJECT DELIVERY

The following section reviews the four main elements of the pilot project: engagement and outreach; motivation and support; activities; and signposting. The section then goes on to examine how each pilot area has developed and delivered activities, and outlines any future plans, before summarising learning from each area.

The evaluation has identified that although there are geographic and organisational nuances within each of the pilot areas, there are four aspects of delivery. These were outlined in detail in the interim report and are therefore summarised briefly below:

- engagement and outreach;
- motivation and support;
- activities;
- signposting and onward referral.

#### 3.1 Engagement and outreach

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. There are two elements to the engagement and outreach stage: the actual engagement with the client; and the assessment of the client needs.

##### 3.1.1 Client engagement

One of the key challenges facing the Health Trainers has been to identify ways of engaging clients which other agencies have failed to connect with. Engaging with the target client group has been important to the Making Links Project, in terms of testing whether it is possible to use the Health Trainer model to engage people in healthy activities through an employment focused process. It has also tested whether it is possible to raise employability by engaging clients in health related activities.

##### 3.1.2 Referrals from other service providers

Health Trainers have had to put a significant amount of time into developing referral routes onto their service and in making it clear to potential partners what type of support they can offer. Examples of different types of referral organisations from across the three pilot areas include:

- Jobcentre Plus;
- drug and alcohol services;
- GPs;
- counselling services;
- return to work support agencies, such as Sefton@Work;
- Sure Start centres.

Agencies which referred clients to Health Trainers expanded in number and variety as the pilot became more embedded in each location.

Building relationships with referral agencies has taken time (partners estimate 10% of the Health Trainers working week has been spent on this) and has required significant investment on the part of both Health Trainers and stakeholders. Referrals from GPs have been less frequent than was originally anticipated at the commencement of the pilot; however GPs in Workington and Sefton have referred individuals following an increased understanding of the role of the Health Trainer and the practical support and advice they can offer to clients.

##### 3.1.3 Self-referral

Self-referral has been a vital source of clients in all three areas. Health Trainers have undertaken a number of activities in order to promote the support they can offer to increase the number of self-referrals. This has included:

- having a presence at different locations, including community venues;
- leafleting;
- distributing promotional material to service providers;
- attending organised events hosted by other organisations.

As individuals benefit from support and make recommendations to friends and family, word-of-mouth has also increased the volume of self-referrals to Health Trainers.

### 3.1.4 Group activities

In each of the pilot areas, Health Trainers have used group activities to engage with specific groups (e.g. in Workington, the Health Trainer started a football training group as a way of working with hard to reach men).

### 3.1.5 Initial meeting and client assessment

The initial meeting between the client and the Health Trainer has adhered to a common format in each area:

- an explanation of the role of the Health Trainer;
- an exploration of the employment history of the client and the types of work they are interested in;
- a basic health check, looking at exercise, diet, alcohol and perceptions of health;
- identification of one or two areas the client can focus on, developing achievable goals, and ascertaining what barriers might need removing in order for them to achieve these goals.

## 3.2 Motivation and support

The Health Trainers have developed an ongoing relationship with their clients and support has been available on a weekly or fortnightly basis for thirty minutes to an hour; however Health Trainers may have made telephone calls on behalf of the client in addition to these meetings. The purpose of this type of contact has been to remind people of appointments or to enquire about interviews.

National guidance recommends that Health Trainers see clients for up to twelve sessions; however there has been little pressure on Health Trainers to adhere to this limit. In Sefton, a conscious decision was taken that the Health Trainer should see clients for as many times as they deemed reasonable; this is balanced with guidance that the Health Trainer should not allow clients to become overly dependent on them as a source of emotional support, rather than in an advice and guidance capacity.

A key advantage of the way in which the Health Trainer is able to work has been the amount of time they spend with each client. Statutory employment support services have time constraints on the time they are able to give to each person; client's barriers to entering the labour market can be deeply entrenched and do not necessarily lend themselves to a 'quick fix'.

Goals have been set by clients themselves, giving them ownership of any changes they wish to make and raising the chances of the changes being sustainable. Health Trainers have ensured that these goals have been realistic in order to foster success and achievement.

## 3.3 Activities

Each client has received a bespoke package of support, which has included:

- undertaking basic skills assessments in maths and English;
- attending healthy eating and weight management courses;
- attending confidence building courses;
- volunteering;
- job search activities;
- attending drug and alcohol awareness raising courses;
- smoking cessation courses;
- participating in exercise classes.

Interestingly, evidence suggests that where clients have attended group sessions together, they have formed their own support networks which have also improved their social wellbeing (e.g. in Sefton, a healthy eating and cookery course designed specifically for some of the male clients the Health Trainer was working with, has fostered new friendships and support networks).

### 3.4 Signposting and onward referral

Signposting has been an important element; the role of the Health Trainer alone cannot provide all the support a client will require. Signposting has included referral onto more formal return to work agencies, such as Routes to Work or Sefton@Work.

Signposting is important as it keeps the momentum of change moving, yet it has not always signified the end of support from the Health Trainer. Individuals have remained in contact (e.g. if they have undertaken a short course) to ensure their goals and action plans remain up to date and realistic.

### 3.5 The pilot areas

The following section provides information for each pilot area on:

- the background to each pilot;
- management arrangements;
- key activities and partners;
- future plans;
- learning.

#### 3.5.1 Barrow

##### ***Background to the pilot***

Addressing health related worklessness is a key priority in Barrow, and all major stakeholders signed up to support Health Trainers. The project was launched in December 2010 at an event which brought together public, private and voluntary sector partners.

The Health Trainer actually started to work with clients in January 2011, and was appointed on a contract which was to last until October 2011.

##### ***Management***

The pilot was managed by Return to Work which is delivered by Furness Enterprises. Furness Enterprises provide 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 confidential advice and support. This includes one-to-one support, confidence building courses, vocational training, help with CVs and job applications, and a clothing allowance for interviews or work.

The day-to-day management of the Health Trainer has been the responsibility of Furness Enterprises Employment and Skills Manager.

##### ***Activities and partners***

The Health Trainer was based at the Return to Work central office and also spent one day a week at two community workshops run by Furness Enterprises. Furness Enterprises has referred clients onto the Health Trainer and a wide range of local partners have been engaged, including:

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

The Health Trainer engaged with clients in a number of different ways, including delivering group exercise sessions (e.g. Zumba) with one-to one-support delivered after the sessions. The sessions were extended to include cookery classes, and free childcare was provided.

### ***Future direction***

The Health Trainer left the post in August 2011 after securing a permanent contract elsewhere. The project partners decided not to appoint a replacement Health Trainer as by the time a new appointment had been made, only a couple of months of delivery time would remain.

Project partners have made links with Community Health Trainers who operate more widely around Cumbria, and it is hoped that these community trainers will adopt some of the learning from the pilot; they may also go on to undertake the Health Trainer training.

Furness Enterprises submitted a bid to the Big Lottery Fund with the Reaching Communities Fund. An element of this bid includes provision for a Health Trainer (combined with providing generic employment advice).

### ***Key learning***

Key learning taken from the Barrow pilot has included:

- ❑ **longer pilot period** – ideally, the pilot period would have been longer in order for the Health Trainer to become fully embedded (particularly as the Health Trainer left before the end of the pilot);
- ❑ **skills set** – recruiting a Health Trainer with the right skills set is key. In Barrow, the Health Trainer had a sports and fitness background which meant they were able to deliver exercise classes directly to beneficiaries. The Health Trainer was regarded as being proactive, good at engaging with people, and good at encouraging progression;
- ❑ **the importance of outreach** – outreach work was a central and important part of the role. Partners considered placing the Health Trainer in the jobcentre, but decided it was more important to reach people in the community where they would be most receptive;
- ❑ **linking with the public health agenda** – the pilot benefited from strong partnership support from public health professionals. This helped to raise the profile of the links between poor health and worklessness in Barrow.

## **3.5.2 Sefton**

### ***Background to the pilot***

NHS Sefton had previously been involved in the delivery of a Condition Management Programme which included a Health Trainer element. Partners felt that once individuals became engaged with the programme it was successful, however there had been initial issues with getting clients onto the actual programme. When approached by HM Partnerships to host the pilot, partners were keen to support the hosting of the Health Trainer.

### ***Management***

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 pilot has been overseen by a steering group which comprises representation of NHS Sefton, HM Partnerships and the May Logan Centre. The project has been focused on providing support to individuals within two specific wards in Sefton – Linacre and Derby.

Funding has been provided to the May Logan Centre directly, with in-kind support provided by the Centre through the hosting of the Health Trainer, offering management advice, and through the range of courses available to clients.

### ***Activities and partners***

The Health Trainer has been able to offer weight management courses, physical activity advice, smoking cessation support, cooking on a budget sessions, and support to clients in terms of accessing volunteering opportunities and training.

The Health Trainer has added to her own skill set by co-facilitating courses run at the Centre, which her clients have also attended. Where confidence is an issue for clients, she has accompanied people to find out more about training courses locally or accompanied them to English and Maths assessments.

### ***Future direction***

Over the summer of 2011, the project steering group in Sefton secured both European Social Fund funding, and monies from the NHS in Sefton to both extend the post of the existing Health Trainer and to fund a new Health Trainer post.

The NHS in Sefton is currently examining the possibility of employing a further two Health Trainers whose remit will be to work with individuals who have completed the NHS Health Check. This will not be linked specifically with worklessness.

### ***Key learning***

Key learning taken from the Sefton pilot has included:

- ❑ **location is key** – basing the Health Trainer in the Healthy Living Centre has been advantageous in that the Health Trainer has been able to access numerous appropriate courses for the client group, which they have not had to pay for. These have included healthy eating and weight management courses, confidence and wellbeing classes, and exercise classes;
- ❑ **accessible support** – not having an upper limit on the number of times a client can access the support of the Health Trainer is an advantage. The Health Trainer model adds value to existing statutory support, in that the Health Trainer has time to identify issues and work with clients on realistic goals in relation to jointly identified needs;
- ❑ **choose outputs with care** – building hard outputs into pilot initiatives when working with disadvantaged groups is not always appropriate. The project steering group did not put figures on the number of clients seen or the number of referrals made. This approach was taken in order to ensure that the pilot did not focus overtly on chasing outputs, rather than tailor making support to the needs of the individual;
- ❑ **securing the right skill set** – although Health Trainers are professional in their conduct, it is important from the client's perspective that they are not perceived to be associated with the jobcentre and the benefits system. This can engender a feeling of mistrust and cause concern from the client's perspective about jeopardising benefits.

## **3.5.3 Workington**

### ***Background to the pilot***

In Workington, the pilot was managed through Routes to Work, a regeneration project in West Cumbria to support people back into employment. This organisation is funded through a number of sources, including the North West Development Agency, to provide a team of employment advisors. The team at Routes to Work offer Transition to Work grants which cover clothing, travel and training expenses.

The Health Trainer was recruited in the summer of 2010 and came into post in August 2010. During the first two months of the project, delivery was mainly focused on developing the delivery framework, promoting the services to partners and finding clients.

### ***Management***

Line management for the Health Trainer was provided through Routes to Work. A project steering group, comprised of key partners, including the NHS, also met on a regular basis to guide and support the work of the pilot.

### ***Activities and partners***

The Health Trainer engaged with a number of partners and secured referrals from a number of organisations, including:

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

The Health Trainer was originally based at the Northside Community Centre, which is located in one of the most deprived areas of Workington. The Centre attracts users from across the town, but mainly in the wards of St Michaels, Siddick, Northside and Flimby.

The Health Trainer spent part of the working week in jobcentres at Maryport and Allerdale. Towards the end of the period the Health Trainer was in post, he was also based at a Sure Start centre.

Part of the original aim of the pilot was that the Health Trainer would support individuals to address any health concerns before referring them onto Routes to Work; however it became apparent that individuals were too far removed from the labour market for this progression to occur.

### ***Future direction***

The Health Trainer left the post a month before his contract was due to finish in July 2011 and there are no immediate plans to fund a Health Trainer in the future. Community Health Champions (without the specific employment focus) are currently working across Cumbria in a voluntary capacity; an evaluation report on the effectiveness of this approach will be available shortly. Changes to the healthcare commissioning process in Cumbria will be implemented before any strategic commitment is made to Health Trainers.

### ***Key learning***

Key learning taken from the Workington pilot has included:

- location is key** – although the Health Trainer was based in the community, referrals from individuals from the community were not forthcoming. Subsequent links were made with other partner agencies and referrals began to come from a wider variety of sources;
- the target client group can be very challenging to work with** – many individuals the Health Trainer worked with were some distance from the labour market and many also had drug and alcohol problems. The impact of this was that clients were in sporadic contact with the Health Trainer due to their chaotic lifestyles;
- strong strategic support is important** – in terms of providing links with local pertinent organisations that make referrals to the Health Trainer. In Workington, this served to provide the Health Trainer with potential sources from which to draw clients.

**Summary**

- Client referrals have come from three main sources: other service providers; self-referrals; and group sessions.
- Motivating clients through regular contact is a vital role of the Health Trainer.
- The personality and skill set of the Health Trainer themselves is key to finding, engaging and successfully supporting clients.
- Clients have received a bespoke package of support, with realistic and achievable goals set in partnership with the Health Trainer.
- Strategic buy-in at the local level is important in supporting the Health Trainer to make links to pertinent organisations.
- The three pilots have applied the project framework in a way that complements the local context.

## 4 PROGRAMME PERFORMANCE

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

### 4.1 Funding and staffing

In each of the three areas, the salary of the Health Trainer has been the predominant use of funding. In-kind support has been provided by host organisations, including the office space for the Health Trainer and management support.

None of the pilot areas chose to allocate a budget specifically for the use of training, should this be an identified need of a client. Where training was appropriate and required, it was most likely to be provided in-house by the host organisation, rather than being bought in from elsewhere (e.g. the May Logan Centre in Sefton made excellent use of its own resources by referring clients onto courses they were already running, funded through the NHS).

#### 4.1.1 Barrow

In Barrow, the cost of the salary for the Health Trainer was the main use of funding provided. In-kind support was provided by Furness Enterprise who offered a base for the Health Trainer as well as management support.

#### 4.1.2 Sefton

At the end of May 2011, funding from HM Partnerships for the pilot ended and funding was sought and secured through European Social Fund (ESF) monies and NHS Sefton. This has amounted to £42,000 in total and has continued to pay the salary of both the existing Health Trainer and a new Health Trainer.

The Health Trainers have been housed in the May Logan Centre which has provided in-kind support in terms of office space and the use of utilities. Line management support has also been provided by the Centre Manager.

#### 4.1.3 Workington

In Workington, the funding for the Health Trainer was provided by HM Partnerships, with Routes to Work providing in-kind support through management and supervision.

**Table 1: Funding breakdown – Workington**

Activity	Funding amount
Recruitment (advertising)	£1,354
Office space (hiring room at local community centre)	£1,500
Stationery	£650
Wages	£15,912
<b>Total</b>	<b>£19,416</b>

### 4.2 Activities and participants

#### 4.2.1 Outputs

In total, by November 2011, 188 clients had been seen by the Health Trainers across the three areas. The following section provides a breakdown for each of the three pilots.

### 4.2.2 Barrow

At the outset of the project, no specific targets were set, 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 July 2011, the Health Trainer had engaged with 60 clients. Table 2 provides the gender breakdown of the clients seen in Barrow.

**Table 2: Client gender breakdown – Barrow**

Gender	No. of clients
Male	30
Female	30
<b>Total</b>	<b>60</b>

The clients were referred to the Health Trainer from partner organisations, including Sure Start and the Croftlands Trust, although, as Table 3 shows, there were a significant number of self-referrals.

**Table 3: Client referrals – Barrow**

Referral source	No. of clients
Self-referral	12
Return to Work	3
Probation	1
Croftlands Trust	9
Shaw Trust	1
Jobcentre	4
Sure Start	15
Haverigg Prison	7
Age UK	2
PHX	1
CADAS	1
Workshop	1
Mind	3

Over half of the clients seen by the Health Trainer had not been in paid employment for over one year, as shown in Table 4.

**Table 4: Length of time since paid employment**

Length of time since paid employment	No. of clients
0-6 months	7
7-12 months	4
13-36 months	11
Over 3 years	16
Over 10 years	10
Not applicable	9
Not disclosed	3

**Table 5: Priorities for using the Health Trainer**

Priorities identified	Number
Exercise	34
Diet	12
Alcohol	2
Stop Smoking Service	1
Learn about the Health Trainer role/training	7
To be discussed	2

#### 4.2.3 Next steps – Barrow

Employment outcomes and other avenues which clients were referred onto after working with the Health Trainer in Barrow are shown below.

**Table 6: Outcomes in Barrow**

Outcomes	Number
Employment (including in the armed forces, as a garage manager, in a security firm and in a care home)	4
Workshop project	8
Return to Work Project	10
CADAS	7
Diet and exercise advice, including Zumba classes run by the Health Trainer	26
Volunteering	2
Not known	3

It should be noted that although the Health Trainer may have signposted an individual onto other organisation, she was also simultaneously offering support in other areas. For example a client may have wanted advice on diet and exercise, but the Health Trainer also assisted them with support in looking for relevant college courses. The predominant types of support are therefore shown in the table above.

#### 4.2.4 Sefton

The partnership operates on an informal basis, and there are no set targets or contractual obligations regarding outputs or outcomes.<sup>2</sup> The Health Trainer has the autonomy to determine the number of people within the caseload at any one time and the amount of time they were seen for. In total, 104 clients have been engaged by the Health Trainer; of these 47 clients were engaged up until the end of March 2011 and 57 from April to September 2011. These figures reflect both the change to ESF funding and the introduction of a second Health Trainer.

As Table 7 shows, almost half the referrals have been self-referrals; however a significant number of individuals have come to the Health Trainer through partners such as Jobcentre Plus, Sefton@Work and the May Logan Centre's Alcohol Nurse.

<sup>2</sup> Targets, have however been set for the new European Social Fund and NHS funding

**Table 7: Client referrals – Sefton**

Referral source	No. of clients
Self-referrals	41
Alcohol Nurse	7
Doctor	3
Event	1
Health Trainer	1
Inclusion Matters	3
Jobcentre Plus	14
May Logan Centre	1
Midwife	1
Sefton Alcohol	8
Sefton@Work	5
Sefton Women's and Children's Aid	1
Single Point of Assessment	10
Alcohol Counsellor	4
Sefton Women's Advisory Centre	4

Table 8 shows the length of time for which individuals who work with the Health Trainer have been unemployed. In some cases, individuals have been unemployed for more than 20 years.

**Table 8: Length of time unemployed**

Length of time since paid employment	No. of clients
0-6 months	7
7-12 months	4
13-36 months	25
Over 3 years	22
Over 10 years	23
Information not provided	19
Working	4

#### 4.2.5 Sefton – Next Steps

The table below outlines the broad areas and outcomes that clients were referred onto, after working with the Health Trainer, during the HM Partnerships funding period.

**Table 9: Sefton outcomes during pilot programme**

Outcomes	Number
Course: Weight Management	5
Course: Cooking on a budget	7
Course: Other	14
Diet Advice	4
Shaw Trust	1
Sefton@Work	2
Volunteering Opportunities	4
DNA	8

Six individuals went onto employment after working with the Health Trainer during this period, one of whom has returned to claiming Job Seekers Allowance. One individual is currently awaiting a CRB check, before moving into a secured job.

**Table 10: Sefton outcomes post pilot period**

Outcomes	Number
Training	30
Referral to Sefton@Work	14
Referral to another agency	33
Advice/Information	49
Brief Intervention	47
Personal plan with goals	35
Volunteering/Work Placement	7
Accompanied to activities	22
Taking up lifestyle opportunities	17

The table above shows the outcomes for clients post ESF (after April 2011) to the end of November 2011. Several outcomes are listed for each client, in accordance with what support clients needed. The figures above therefore do not correlate exactly with the number of clients (57) the Health Trainers have worked with during this period. 254 interventions in total are listed.

#### 4.2.6 Workington

No targets were 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 to be engaged with each week on average).

As of May 2011, the Health Trainer had engaged 24 clients. The gender breakdown is provided in Table 11.

**Table 11: Client gender breakdown – Workington**

Gender	No. of clients
Male	18
Female	6
Total	24

#### 4.2.7 Next Steps –Workington

In Workington, one person has gone onto volunteer at a local school and is hoping to use this experience to help her secure employment. The destinations and outcomes of other clients the Health Trainer worked with included:

- Signposting to other services, such as;
  - Pathways to Art
  - Routes to Work
  - Smoking cessation services
- Volunteering at Mind; and
- Attending gym sessions

Other clients dropped away from support and outcomes were not recorded as the Health Trainer was unable to re-establish contact with individuals. In many cases this was due to drug and alcohol misuse, which led to particularly chaotic lifestyles for clients, which made it difficult for them to sustain regular contact.

### 4.3 Impact of the programme

As part of the evaluative research undertaken to inform the final evaluation, a number of Health Trainer clients were interviewed from across the three pilot areas. The beneficiaries were drawn from two groups:

- ❑ those who had been consulted as part of the interim evaluation, in order to explore distance travelled;
- ❑ individuals who had worked with the Health Trainers within the last five months, but who were new to the evaluation.

The following section of the report outlines the main impacts which the project has had on the lives of beneficiaries. As outcomes have been similar across each of the three areas, these have been presented in an overarching fashion. However, an anonymised beneficiary case study has been presented for location, which demonstrates how the Health Trainer has been able to support that individual.

#### 4.3.1 Healthier lifestyles

One of the fundamental aims of the role of the Health Trainer is to assist individuals to live a healthier lifestyle. Detailed information on the manner in which Health Trainers are having an impact on health outcomes is being collected by the Northwest Public Health Observatory and has not been part of this research. Qualitative interviews undertaken as part of this impact evaluation did however gather feedback on changes to health outcomes, which are listed in this section.

There is little doubt that the client group in each of the areas has required significant support to improve their health and wellbeing. Clients received advice about the types of food to eat how to lose weight. Health Trainers also signposted them to different types of affordable exercise they might be interested in taking up.

Clients acknowledged that once they started to improve their diets and eat more healthily, they felt able to tackle other challenges in their lives. Others cut back or stopped smoking, or reduced the amount of alcohol they were consuming. One individual noted that attending a healthy eating course (which his Health Trainer had referred him onto) had taught him about the importance of not consuming too much salt. This resulted in him reducing his salt intake and reducing his blood pressure, which was a concern to his doctor:

*'I did a lot around healthy eating and how to cook so I could stay healthier. I think I have much more awareness around fat and calories now. With the diet bit, I think about what I'm buying now and it stops me eating like I used to. I wanted to do more exercise but I suffer with a bad back, so it limits what I can do.'*

Clients have participated in a range of activities, including running, Tai Chi, Walking to Health and self-administered exercise routines. Health Trainers themselves have taken the initiative in this area through running football sessions, and accompanying clients on walking programmes such as the Get Walking Keep Walking initiative run by the Ramblers. In Sefton, the Health Trainers are undergoing training to become walk leaders in the New Year, in order to guide clients on group walks. Not only will this add to the skill set of the Health Trainer, but it will improve the health of clients and enable individuals to form supportive social networks with those they are walking with.

**Henry – Workington**

Henry has been unemployed since November 2010, before this he had been employed as an administrator for six months, prior to that working in the steel industry for 32 years. When he first started to work with the Health Trainer, he felt *'there were just no jobs out there'*. In terms of his health, he suffers from diabetes, has a poor diet and drinks too much.

His doctor suggested that he work with the Health Trainer as a way of finding different ways to incorporate exercise into his everyday life. The Health Trainer was helpful in that he discussed Henry's health and employment history and suggested ways in which he could improve his diet. He also suggested that he get a bike in order to exercise more. The Health Trainer signposted Henry to Return to Work who were able to help him with his CV and suggest different employment areas in which he could look for work.

Henry has secured employment working for Cumbria County Council as a carer and works for a few hours every day looking after a young man with disabilities:

*'After meeting with the Health Trainer, I did some reading up about eating more healthily, which has been good for me, it's also helped that I'm not drinking. It's not really boosted my skills, but it has helped me to get back on track. I'm still getting out on the bike and I've tried some running as well. I do feel more confident now, getting a job has really helped me, and working for the Council has been a bonus.'*

The achievement of health related outcomes has been recorded in individual action plans and it has been taken on trust that changes have been made. It should be noted however that the vast majority of clients in all areas had a myriad of issues preventing them from feeling emotionally or practically ready for work. Sometimes, these issues included problems around drug and alcohol abuse; as such it was rare for a Health Trainer to work with an individual who was a quick win. Many people were not accessing support from anywhere else and simply exercising more or reducing the amount they were smoking was insufficient to enable them to make large scale changes. However, small scale positive changes were noted by beneficiaries as opportunities to gain confidence, to help them feel healthier, and to give them the will to continue to take positive steps forwards.

**4.3.2 Increased confidence**

For many clients, particularly those who had been unemployed for significant periods of time, confidence and self-esteem were issues with which they struggled. The Health Trainer in Sefton has made use of the May Logan Centre confidence building course, which clients who have low self-esteem have been referred onto. The Health Trainer has accompanied individuals on courses to ensure they feel supported in a group situation and, in some instances, had co-facilitated courses.

Other practical steps in which Health Trainers have assisted clients to improve their confidence has included:

- ❑ accompanying them to enrol or learn more about college courses;
- ❑ calling them after interviews or training to show support;
- ❑ suggesting new areas of work that might be open to them, given their new and improved skill sets.

Clients' comments included:

*'I am more confident now.'*

*'I've lost a bit of weight.'*

*'She calls me if I have an interview to find out how I've got on; it's great to have someone who is taking an interest.'*

**Melanie – Sefton**

Melanie has a history of alcohol abuse and was referred onto the Health Trainer at the May Logan Centre through her rehabilitation worker. She is not currently looking for work as she has a young daughter, but was keen to get help in building up her confidence and looking for a training course which would help develop her skills over the longer term.

After seeing the Health Trainer at the May Logan Centre she took a number of positive steps, including attending confidence building and stress management courses, and has volunteered at a local women and children's charity. Melanie particularly needed help in terms of building up her levels of self-esteem. In addition to attending the confidence building course, the Health Trainer helped her in a practical way by accompanying her to a local college so Melanie could find out more about which courses were on offer:

*'One of the main benefits for me was that she came with me to the college, she helped me to get through an area I didn't know; I don't think I would have had the confidence to meet all those new people without that.'*

In addition to signing up for the college course, Melanie has also registered on a relapse prevention course and is thinking about getting some part-time volunteer work as a domestic violence support worker:

*'It's been an inspiration for me really, it showed me that maybe I can go out and make something happen. I have a long term plan now; I know that I need to go to college to get my NVQ. I can then build up to getting the higher levels of qualification. I can see myself going onto university to do a course on social work after that.'*

It was also important to clients that they felt confident the Health Trainer would take their concerns seriously and not push them into taking steps they did not feel ready for; someone who would find them the right kind of support. Many clients noted that they had lost confidence in more formal or traditional places associated with job search support, such as the jobcentre. This was due to a feeling that the advisors were associated with benefits and that any action (even positive action, such as seeking voluntary work) might affect benefits detrimentally:

*'Working with the jobcentre has not been helpful, I see a different advisor every time I go and they show me jobs that I have already seen myself.'*

**4.3.3 Volunteering opportunities**

Some clients have gone onto undertake volunteering opportunities as a result of working with their Health Trainer. There have been different reasons for this: for some it is an opportunity to ease themselves back into the habit of work after a prolonged period of unemployment; others have used it as a means of improving their confidence or CV to develop a new skill set. Where people suffered from poor mental health, volunteering was seen as a good option in terms of making a positive move, but being able to do this within a supportive environment:

*'I used to work in administration, but have suffered from depression since I was made redundant last year. The Health Trainer has been good as she has helped me to find and apply for volunteer work at a local hospice. I'm going on an induction course in December and will be able to volunteer after that. I'll be working on the reception which will be good experience for me, as it is an area of administration I haven't worked in before. I want to use the volunteering as a way of getting my confidence levels up and getting back into the swing of working.'*

**4.3.4 Signposting to other service providers**

Much of the client group in Barrow and Sefton had little contact with structured support services. One of the main impacts on clients within these areas was therefore to give them the confidence and social skills to re-engage with support services. This re-engagement is crucial if the individual is to take significant steps back to employment. Where Health Trainers have been hosted by organisations, such as Routes to Work in Workington, they have been able to refer individuals on.

In Sefton, the Health Trainer had the advantage of being based in a centre with a vast array of appropriate courses to refer people onto. Through recently secured ESF funding, a relationship with Sefton@Work has been established which will mean further referrals both to and from this organisation.

Health Trainers and stakeholders in all areas were aware of the importance of appropriately judging when clients were ready to be referred onto other agencies. Referring people too quickly could result in a rapid decrease in confidence, if clients did not feel ready or able to cope with the types of activity which other organisations could offer.

#### **4.4 Distanced travelled**

Many clients have been away from the labour market for significant periods of time, which has led to deteriorating health conditions, including poor mental health and an increasing lack of self confidence. Steps such as eating more healthily or taking more exercise may seem to be small scale, but these assumptions should be treated with caution; however to the individual they are significant.

One client in Workington who benefited in this way was socially isolated, had not worked for twelve years and had been prescribed anti-depressants. The Health Trainer has supported her to the point where she is no longer taking medication, now leaves the house more frequently to take short walks, and is seeing a counsellor who is providing professional support related to mental illness.

In other cases, drug and alcohol issues, or factors which contribute towards a chaotic lifestyle, can mean that clients engage sporadically or fall away from support for a period before re-engaging with their Health Trainer. Such problems can be contributory factors as to why steps forwards can be made, before progress seemingly halts or reverses.

In such cases, it has been an important facet of the way in which the pilot has been designed that clients can return for further support when they feel able (e.g. in Sefton, a conscious decision has been taken not to set a limit on the number of times a client can work with the Health Trainer; this has been a sensible step and one which reflects the needs of the client group).

In a separate but related point, the issues which people may first present to the Health Trainer as needing support with may be different to underlying issues which also need addressing before clients are ready to make changes. Again, this type of work requires time and investment on both the part of the Health Trainer and the client.

**Matthew – Barrow**

Matthew was a chef for almost 30 years and lost his job a year ago. He was on a job seeking course which the Health Trainer attended to chat to about any health issues which were affecting the group. The Health Trainer outlined the ways in which they could help with lifestyle factors such as diet, smoking or drink related issues. Matthew felt he needed to lose a bit of weight and following the talk decided to go and see the Health Trainer.

Although Matthew had been using the jobcentre at the same time he was seeing the Health Trainer, he didn't feel as comfortable accessing support there:

*'I had been to see my advisor there a couple of times, they always gave me advice, but it was very busy and I didn't feel comfortable.'*

He has used the Health Trainer to access support in several different ways: to advise on his diet and healthy eating; as a signpost to training; and in terms of widening his scope for job search:

*'I've found it useful in terms of diet stuff, like planning the meals and trying out different types of food. I was a chef, but I just cooked what I was told, so I never really experimented with food before.'*

*'I didn't know there were so many different types of jobs I could do, it has been a big boost to me, and I have more confidence in my ability to look into jobs, other than being a chef now. The computer course I'm on at the moment wasn't something I ever saw myself doing.'*

Although Matthew hasn't found a new job yet, working with the Health Trainer has been beneficial as it has broadened his horizons in terms of the different types of work he is willing to look for. The Health Trainer also signposted him onto a 13 week course, which includes basic skills training. When asked what he felt were the main benefits of working with the Health Trainer, he felt that:

*'I would definitely go for support again if it was available; it has been a very worthwhile thing for me. It was helpful in terms of giving me ideas that there were other things I could do other than being a chef. I have more confidence in my ability, so I think it has been very effective.'*

**4.5 Sustainability of outcomes**

As part of the evaluation, a number of clients were consulted several months after their last contact with the Health Trainer. Whilst none had gone onto a job, which is unsurprising given the current climate, several noted that they had made long term changes as a result of working with the Health Trainer. One individual noted that:

*'It has helped me; I've carried on eating healthily and always tell my friends what I've learned.'*

The client also felt that an important and long term benefit was an increased awareness of their skill set, which the Health Trainer helped them appreciate was wider than they first thought.

As the pilots in Barrow and Workington have come to an end, a couple of clients mentioned that they would have liked to have returned to see the Health Trainer, but knew this was not possible as they had moved on. Some outstanding evidence of need was apparent:

*'I really need help to do my CV, or an application letter, I don't know how to do that either.'*

However, all clients were in touch with other more generic support services and felt the impact of working with the Health Trainer had been long lasting.

### **Summary**

- 188 clients have been seen by the Health Trainers up to November 2011.
- Over half the clients were female.
- Over 43% had been unemployed for over a year.
- Many clients have complicated lifestyles and needs.
- Many clients are leading healthier lifestyles as a result of working with the Health Trainer.
- Some have taken positive steps towards employment, such as training or volunteering, ten individuals secured employment.
- The key impact on clients in terms of working with the Health Trainer has been to raise their levels of self-confidence through tailored, ongoing, one-to-one support.

## 5 COST EFFECTIVENESS AND ADDED VALUE

The following section of the report outlines the overall cost effectiveness of the project and the added value it has brought.

### 5.1 Cost effectiveness

Assessing the cost effectiveness or value for money of a Health Trainer service can be problematic, given the nature of the service delivered and the extent to which progression toward quantifiable outcome is achieved. A recent report commissioned by the North West Health Trainer Partnership<sup>3</sup> supports this view by concluding:

'It is widely acknowledged that there is no simple means of measuring the cost effectiveness of the Health Trainer service.'

The report references guidance developed by Lister (2010) which outlines an approach for assessing the value for money of Health Trainer services using DALYs – the cost of a specific outcome per pound spent.

Lister (2010) provides guidance upon a list of outcome indicators that can be collected to inform an assessment of cost effectiveness. This information is not systematically collected by the Health Trainer projects in Sefton, Barrow and Workington and therefore an assessment of cost effectiveness using DALYs is not possible. It is recommended that any future project delivery takes account of such guidance in the planning stage to ensure the monitoring information collected is consistent and can be used to assess cost effectiveness.

Examples of the type of outcome information which the programme may wish to consider collecting and collating in the future is provided below. This is by no means an exhaustive list<sup>4</sup> but is presented here in order to stimulate discussion of what outcomes maybe relevant going forward. Examples of different types of Health Trainer Services outcomes include:

**Table 12: Examples of Health Trainer Service Outcomes**

National Health Service	
Well being	Number of clients showing improvement on WHO-5 well being index
	Number of clients showing improvements on General Health Scale
Self help groups	Number of clients directed to appropriate NHS services
Cost saving	Long-term saving from health status improvements
	Reductions in demand for and hence cost of other services
Community Engagement	Mapping of and contact with groups
	Participation in events
Local Authorities	
Improved community social well being	Numbers of events and projects between community groups and health trainers

<sup>3</sup> Health Trainers in the North West <http://www.nwph.net/nwpho/Publications/healthtrainers.pdf>

<sup>4</sup> Assessing Value for Money for Health Trainer Services, Final Report, p.10

Social capital	Bonding – extent to which Health Trainer projects reinforce other community ties
	Linking - extent of signposting within the community/voluntary sector
	Bridging - Health Trainer generated activities engaging hard to reach groups
Reduced social support costs	Extent to which Health Trainer Services contribute to reducing social support costs
<b>Offender Management Services</b>	
Access to the 7 pathways to reduce risk of reoffending	Number of clients enrolled
Reduced reoffending	Estimated impact
Reduced crime dependency	Self-efficacy scores for offenders
<b>Clients</b>	
Taking control of life choices	Number of clients improving self efficacy scores
Talking to someone like me	Extent to which Health Trainers and Champions reflect the client group
Reduced costs of illness	Reduced costs to households of cigarettes, alcohol, junk food
	Reduced informal care costs
<b>Community Host Organisations, Health Trainers and Health Champions</b>	
Employment and skills development	Number of trainers employed from disadvantaged areas /groups
	Number of trainers and champions gaining qualifications at Level 2 and Level 3
	Number of Health Trainers moving onto other employment and qualifications
Links with community services	Indicated by local feedback
Rent and employment income	Indicated by payments
	Projected benefits of qualifications

A headline cost per output assessment has been conducted as part of this evaluation based upon the monitoring information collected by the three delivery areas and the budgetary data provided by HM Partnerships.

Across the three delivery areas, a total of 131<sup>5</sup> unemployed individuals were engaged in Health Trainers, the largest proportion of which (46%) were beneficiaries of the Barrow Health Trainer project. In headline terms, the following value for money assessment has been calculated:

**Table 13: Cost per output and engagement – Health Trainers<sup>6</sup>**

	Number engaged	Engagement sessions <sup>7</sup>	Cost per person	Cost per engagement
Barrow	60	189	£333	£106
Sefton	47	148	£426	£135
Workington	24	76	£833	£265

Table 13 shows the cost per person and number of engagement sessions of the Health Trainer projects in Sefton, Barrow and Workington. As would be expected, the number of unemployed residents engaged within each area has varied which impacts upon the cost per person, ranging from over £800 per person in Workington to just over £330 in Barrow.

Figures provided by the Sefton Health Trainer project show that, on average, each beneficiary received just over three engagement sessions with their Health Trainer; similar information was not recorded in Barrow and Workington. Using this information enables the cost per engagement session to be calculated. Table 13 shows the cost per engagement ranges from between £135 and £265, depending upon the number of unemployed residents that have been engaged.

The number of clients seen by the Health Trainer in each of the three pilot areas averaged over a 12 month period leads us to the assumption that 75 individuals would be a realistic workload for one Health Trainer to manage over a year. When considered alongside the average number of sessions, would provide a figure of 708 engagements across three pilot areas which would make the cost per engagement session £85.00.

**Table 14: Total cost per beneficiary and engagement**

	Cost per beneficiary	Cost per engagement
Health Trainers	£954.20	£303.02

The value for money provided by Health Trainers can also be calculated as a whole based upon the total £125,000 budget allocation; this includes all overhead and administration costs and thus provides a rounder assessment of value for money.

## 5.2 Added value

It is clear that the pilot has added value in four main ways, it has:

- 1) utilised existing statutory services and support organisations in order to assist the client group;
- 2) provided support to a client group not always reached by statutory services;
- 3) offered tailored, specific and appropriate assistance;
- 4) added value for the client and the health trainers themselves.

<sup>5</sup> Figures taken from the pilot period, prior to the commencement of ESF money in Sefton

<sup>6</sup> Value for money assessments are based upon the 20,000 delivery costs in each of the pilot areas

<sup>7</sup> The number of engagements and cost per engagement within Barrow and Workington are estimated based upon the data provided by the Sefton project

### **5.2.1 Using existing statutory services and support organisations**

Health Trainers have added value to existing support services. It was originally envisaged that Health Trainers would work with clients to address health issues, who would then be ready to be referred onto more traditional employment support agencies; this has not occurred as often as was originally envisaged. In many cases, clients have been too far removed from the labour market to make this transition within the pilot period.

However, where appropriate, Health Trainers have been able to refer individuals onto other local support agencies and have utilised existing organisations to provide what clients have needed. This has included organising basic skills tests for clients and referring them onto confidence building or healthy eating courses.

### **5.2.2 Supporting a hard to reach client group**

Individuals supported by the Health Trainer may have been in contact with statutory organisations (e.g. the jobcentre) in order to access benefits. The connection between Jobcentre Plus and the provision (and fear of withdrawal of benefits) is of concern to the Health Trainers target client group. This mistrust leads to reluctance to engage with support which may be on offer, inevitably leading to individuals becoming further disengaged.

The Health Trainers have been able to reach people who are in need of support and engagement, but who are not necessarily receiving this elsewhere. The combination of being based in the community and not in conjunction with statutory organisations associated with benefits has been a great advantage in making Health Trainers accessible and non-threatening to clients. Added value therefore has been found in working with a group of people who are off the radar of other organisations.

### **5.2.3 Providing tailored, specific and appropriate support**

One of the key advantages of the Health Trainer model is that it provides tailored, specific and appropriate support for individuals. Realistic and achievable action plans are developed in conjunction with clients, as is goal setting. The fact that goals have been set by clients has meant that ownership of positive steps has stemmed from the clients. Meetings can be held each week or every two weeks for up to an hour at a time, and this can continue over several months if required. Developing a relationship based on trust is crucial in ensuring progress is made; trust requires time to develop, time which the Health Trainers have been able to offer.

Many statutory organisations have recently endured cuts to their budgets, which has impacted on the number of sessions (e.g. counselling) they are able to offer clients. The fact that Health Trainers are able to offer continuous support if required has been advantageous to clients.

### **5.2.4 Adding value for clients and Health Trainers**

As previously outlined, many clients are not accessing support from elsewhere and long periods away from the labour market have contributed towards social isolation and deteriorating health conditions. Having dedicated support in the form of an individual who is interested and able to assist with addressing health, employment or taking steps back to employment, has been of significant added value to the clients themselves.

Outcomes for clients, such as signing up for a course or eating more healthily, may not appear significant; however for the individual concerned small changes and positive steps can have a knock-on impact on other areas of their lives over the longer term.

The Health Trainers themselves can also be viewed as a positive outcome of the pilot project. Each of the original three Health Trainers has been trained up to the Level 3 City & Guilds Health Trainer qualification. Two of the Health Trainers went onto find employment elsewhere, prior to the completion of the pilot period. Whilst this has meant that the pilots ended shortly before the end of their allotted timescales and that Health Trainers therefore have been able to see slightly fewer clients, it has been positive that the Trainers have found alternative sustainable employment elsewhere. The Health Trainer from Barrow for example has stayed within the health sector and has secured full-time employment as a duty manager at a gym.

In Sefton, the Health Trainer was unemployed for two years prior to securing the position at the May Logan Centre. During her time as a Health Trainer, she has built on her own skill-set by training to deliver weight management courses, co-facilitating mental health and well-being courses and will also be training to become a walk leader through the Ramblers Get Walking, Keep Walking programme in the New Year. Widening her skill-set has both improved her own level of employability but has also increased the different type of support available to clients. The introduction of a second Health Trainer at the Centre has enabled the original trainer to act in a mentoring capacity and has freed up time to plan strategically and increase links and partnership working with pertinent local organisations.

### Summary

- Health Trainers have seen each client for an average of three sessions.<sup>8</sup>
- The cost per engagement ranges between £106 and £265, and when considered as an average is £85.
- Information which would enable a specific analysis of value for money has not been collected.
- Significant added value is apparent in terms of providing complementary activities to existing support services, up skilling the Health Trainers themselves, supporting a client group not easily reached, and providing specific, tailored and appropriate support to clients.

---

<sup>88</sup> Information taken from the Health Trainer service in Sefton (unavailable for Workington and Barrow)

## 6 CONCLUSIONS

The following section comprises conclusions based on the original objectives of the pilot programme.

### 6.1 Improved partnership working

An original objective of the Health Trainers pilot programme was to improve partnership working between the Health Trainer service, Jobcentre Plus and other local agencies, in order to expand the links between health and unemployment focused agencies.

The programme has been successful in meeting this objective in several ways. The development of the Health Trainer pilots has created a tangible connection between organisations concerned with tackling worklessness and others focused on improving health and wellbeing (e.g. Health Trainers have made links with Jobcentre Plus staff in each of the local areas and through referrals which the jobcentre has made to the Health Trainers). The placement of advisors within jobcentres was originally considered a potential base for the trainers; however using a variety of alternative venues for this purpose, such as community locations, Sure Start and Healthy Living Centres, has not diminished links with Jobcentre Plus but instead widened partnership working. It should also be noted that one of the strengths of the Health Trainer role is that they are perceived by clients as being independent from the jobcentre, and in retrospect the unrestricted location strategy has been an advantage.

Links with other unemployment focused agencies has certainly occurred in each of the pilot areas (e.g. in Workington and Barrow, the Health Trainer has received management support from employment groups, and in Sefton the recent introduction of ESF money has solidified links with Sefton@Work). It was originally envisaged that Health Trainers would be able to support clients to become more job ready before referring them onto such employment agencies. Whilst this has been the case, it has not occurred as frequently as was originally hoped, as not all clients have been ready to take this step.

Additionally, the pilot has undoubtedly had an impact in terms of improving links and partnership working between healthcare professionals and those for whom the worklessness agenda is important. Project steering groups (and in some cases management support) of Health Trainers has included representatives from both professions. This has had the effect of providing additional resources and expertise to the Health Trainers themselves and improved knowledge and understanding of the links between poor health and worklessness among both professions.

### 6.2 A measurable economic impact

It was decided early on in the pilot that while getting people into work was a long term aim of the Health Trainer, it was not realistic to expect that in every district individuals would be directly supported back to work. Targets and outputs have therefore not been made and collected in relation to numbers of people into work, although it has been the case that ten individuals who have worked with Health Trainers are now in employment, which can be seen as a key achievement for the pilot. Further information on outcomes in relation to employability is referred to in the sections below.

Each pilot has taken a different approach as to what output and income information it has collected. Generally, this has been limited to clients' gender, length of unemployment, goals agreed, and any action taken. It has been very challenging therefore to undertake a quantifiable assessment of the economic impact of the programme.

In terms of cost effectiveness more generally, Health Trainers have seen each client for an average of three sessions, meaning the cost per engagement has ranged from between £106 and £265. Working on the assumption that 75 is a realistic caseload for one Health Trainer over a year, cost per engagement drops again to £85. It is also worthy of note that the programme has generated significant added value in terms of providing complementary activities to existing support services, supporting a client group not easily reached, and in providing specific, tailored and appropriate assistance to clients.

### 6.3 Increase referrals to Health Trainers

The formation of the programme has undoubtedly increased the number of referrals to the Health Trainers, and this has occurred in a variety of different ways. Health Trainers themselves have worked hard to forge links with appropriate local organisations in their pilot areas and have taken time to explain their role, what they can offer, and how they complement existing services and structures.

Members of project steering groups have played a vital role in terms of making introductions to partner agencies on the behalf of Health Trainers – a key strength of the programme.

Securing referrals has taken time to establish across the board and was particularly challenging in Workington, which was probably due to the fact that the Health Trainer was based in a geographically isolated community. As this has been a pilot and new approaches were being tested, the geography of the target area was increased and efforts to make links with partner agencies redoubled. This resulted in an increase in referrals which were starting to take hold shortly before the pilot came to an end.

Location of the Health Trainer has therefore been important in terms of increasing referrals to the service. The Health Trainer at the May Logan Centre has benefited from members of the public that have self-referred, and from agencies physically present in the building that have made referrals; however this does not mean that one approach is preferable to another. Establishing links and relationships takes time and should be taken into account in the planning stages of any future activity.

### 6.4 Improve health outcomes for clients

There is little doubt that the Health Trainers pilot programme has improved health outcomes for the clients the trainers have worked with. The Health Trainers themselves have built on both existing and new skill sets to support clients in improving their health. In terms of practical steps, Health Trainers have provided football coaching sessions, held Zumba classes, led guided walks, and supported clients to take weight management and cookery courses.

Working towards health related outcomes has been a lynchpin of client action plans, with goals set by the client in order that ownership of any changes made is taken. Health Trainers have given practical advice in terms of increasing physical exercise, improving diet, or participating in exercise classes. As one client noted:

*'After meeting with the Health Trainer, I did some reading up about eating more healthily, which has been good for me, it's also helped that I am not drinking. I'm getting out on my bike now, and have started doing a bit of running.'*

Starting to address health concerns in a positive manner has been key to ensuring that clients are changing their lifestyles, improving their health and wellbeing, and increasing the possibility that they will start to make positive changes in other areas of their life related to employment.

### 6.5 Improve the employability of clients

Health Trainers have also undoubtedly improved the employability of clients and assisted them on the road to employment. It should be noted that many clients in all areas had a myriad of issues preventing them from feeling emotionally or practically ready for work. Small scale positive changes were perceived by beneficiaries as opportunities to gain confidence, feel healthier, and boost their desire to continue positive steps.

However, there are aspects of the Health Trainer role which have made them particularly able to support clients in this manner:

- ❑ goals are decided by the clients themselves;
- ❑ signpost to other appropriate services;
- ❑ they are not linked with the jobcentre and are therefore non-threatening in relation to benefit entitlement.

In addition, Health Trainers can see clients over many appointments; for those who require significant support in terms of improving employability, the framework within which Health Trainers operate compliments this.

In practical terms, Health Trainers have spoken with clients about existing skill sets and how these could be applied to alternative work areas, provided details of job opportunities, sourced relevant courses for clients to attend, and made links with volunteering opportunities in order for clients to gain more experience:

*'I didn't know there were so many different types of jobs I could do, it has been a big boost to me, and I have more confidence in my ability to look into jobs, other than being a chef now. The computer course I'm on at the moment wasn't something I ever saw myself doing.'*

## 7 LEARNING FOR THE FUTURE

The final section of the report outlines a number of key learning points which have stemmed from undertaking the Making the Links pilot programme.

### 7.1 Delivering pilot initiatives

Pilots are by their nature small scale and time limited. Many partners commented that they were pleased to have been involved with the pilot scheme and that they felt it had brought numerous benefits to partners, host organisations and clients.

The pilot has now ended in Barrow and Workington and no immediate plans are in place to take the Health Trainer model further. This is unsurprising given the current funding climate, but it is still possible that a new Health Trainer may be employed in Barrow if submitted funding bids are successful.

In the areas where the pilot has finished, there was disappointment expressed at the short term nature of employment of the Health Trainer (limited to a year). These pilots were also foreshortened as the Health Trainers found alternative employment before the end of their contracts.

Ideally, pilots would have time to build partnerships and establish reputations before serious delivery takes place. In light of this, the pilot might have benefited from being slightly longer, perhaps over an eighteen month period.

### 7.2 Strong partnership working

Strong partnership working has been crucial in creating a supportive environment for the Health Trainers to operate in. Securing the right partners has been vital in ensuring the Health Trainers have had strong management support and links to appropriate partner agencies at the local level. Not only have the pilot areas benefited from having the right partners involved (i.e. those for who support the unemployed back to work or for those involved with the health agenda) it has been important that partners have been strategically well placed in order to champion the Health Trainer. This has occurred across the board in each of the pilot areas, resulting in the continuation and expansion of the pilot in Sefton. For future Health Trainer initiatives, strategic and appropriate support should be viewed as crucial.

### 7.3 Quick wins

Many of those who have been involved with the pilot programme have been working with the unemployed over many years. Many of the same people however expressed surprise at the myriad issues which affect the client base the Health Trainers have dealt with. For trainers, it has been rare that individuals can be regarded as quick wins, in terms of requiring a minimum number of sessions before making significant changes in their lives. As one stakeholder commented:

*'It's definitely not about just working with the green lighters.'*

This demonstrates that the programme has been reaching a client group not normally touched by other employment support agencies, which should be regarded as a strength of the programme. Some clients have also had drug and alcohol issues, which have meant they have made some positive changes before dropping away from support for a period of time. What has been important in terms of future learning is that clients can access support over long periods (as needs are complex) and return to the service after a period without negative consequences.

### 7.4 Establishing flexible outputs

As this has been a pilot programme, stakeholders did not wish to burden Health Trainers with unrealistic targets and outputs. In light of this, outputs have been limited to the number of referrals made, and recording of client information has included elements such as age, length unemployed and gender. This has enabled the Health Trainers to focus on tailoring their support to the needs of their client, rather than spending time chasing unrealistic targets.

Whilst this has been a sensible approach to take, in the future collecting more detailed output information based on DALYs<sup>9</sup>, established at the outset of a pilot of programme, would allow realistic assessments of value for money to be made.

## 7.5 The skill set of the Health Trainer

The skill set of the Health Trainer has been crucial in ensuring the pilots have been successfully delivered. Working as a Health Trainer is a role which requires a potent mix of qualities, which are crucial in both engaging the client group and liaising with partner agencies. Although by no means an exhaustive list, these qualities and skills include:

- knowledge of the local community;
- the ability to motivate individuals to make change;
- making links with relevant partner agencies;
- persistence (in terms of making links, securing referrals and motivating clients);
- empathy with clients;
- being personable.

Some skills, such as the ability to run courses, can be gained through training; indeed part of the original thinking behind the Health Trainer role was that skills should be nurtured in order for personal and professional development to take place. The Health Trainer in Sefton has demonstrated this development through co-facilitating courses. Some qualities cannot be taught but are equally important in order to undertake the role effectively. Future appointees of Health Trainers in other areas could take note of the personal qualities and desired skills when appointments are being made.

---

<sup>9</sup> DALY (Disability Adjusted Life Years), Assessing the Value for Money for Health Trainer Outcomes, Graham Lister, 2010

# **APPENDIX 1**

## **Methodology**

## METHODOLOGY

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

### Desk review

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

### Health Trainer interviews

The Health Trainers were interviewed twice during the evaluation: shortly after they had been appointed; and in May 2011. For those Health Trainers who remained in post in November 2011, they were interviewed again. 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 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.

### 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 and November 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.

### 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 three 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);
- ❑ clients interviewed on one occasion in November 2011, who were either currently working with the Health Trainer, or who had 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 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.