Health Trainers Evaluation Project Interim Report:
1. Key Findings Summary

- **Evidence**: The questionnaire stage has a response rate of 45% overall, with the highest return rates from Line Managers, Project Managers and HTs. Most of the data has provided by 4 HT services.

- **Recruitment**: Most HTs are recruited through community networks; none had been previously employed as a HT. NHS Jobs is not used by many HTs. HTs have a range of employment experience including fitness/dance; health and teaching; community work and childcare.

  77% of HTs have job satisfaction; 83% have identified career plans.

- **Training**: programmes vary widely, with some consistency in the Probation provision across 4 PCT sites. Most HTs use a portfolio but not all link this to the achievement of national competencies.

  97% of HTs identified positive benefits of training; 90% are working towards accreditation; 87% are using City & Guilds

- **Service Delivery Structure**: there are various partnership arrangements, and some NHS only services, including working with volunteers. 27% of HTs have an extended role in an existing job. 33% of HTs are based with the NHS and 37% with community or children’s centres and voluntary organisations. Most work 16 hours a week.

  There is evidence of a wide range of support for most HTs. A few are more isolated.

- **Financial Resources**: there is a difference between self-reported funding available for HT programmes and resources allocated at South Central. All responding HT programmes have positive approach to sustainability.

- **Impact & Outcomes**: key areas of activity are similar for all HT services; behaviour change is recorded and evidenced; HTs provide a wider service including signposting and raising awareness with client groups. All responding services are using, or will soon be using National Data Set to record impact.

- **Good Practice**: all respondents identified good practice. This data will be analysed for the full report.

- **Areas for Improvement & Strengthening**: Individual HTs identified specific concerns which can be used to improve practice. Areas of concern for managers include requirements of C&G; dedicated management time and lack of support for some areas eg mental health.

- **Emergent Factors**: these include extended roles; partnership working and a fitting model for HT working practices.
2. **Data Collection**  
**Questionnaire Response (see Appendix A.1)**

*Findings:*
- The questionnaire stage has a response rate of 45% overall, with the highest return rates from Line Managers, Project Managers and HTs.
- 4 HT services have provided most of the data.

3. **Key Findings Outline**

*Finding*
- 33% of HTs used community networks for their recruitment
- 23% were advised about HT opportunities by their existing employer
- NHS Jobs is not a main route for HTs to apply for a post.

**Recommendation:** ensure that appropriate recruitment methods are available for the HT programme.

3.1 **HT Personal Development**

*Findings:*
- HT have high level of job satisfaction and plans for further development
- HTs come from a variety of backgrounds and experience.
- HTs have not worked in this capacity previously.

3.2 **Training**

*Findings*
- Training programmes vary, with respondents from the same service indicating different training periods
- Probation has developed a consistent approach
- There are very positive responses to the training programmes
- 83% of HTs keep a portfolio,
- 43% of HTs know that they are demonstrating achievement of national competencies in their portfolio.

**Recommendations:**
Consider the benefits of maximum flexibility with the benefits of consistency so that shared training for replacement staff might be an option.  
Clarify portfolio process required to provide evidence for national competencies

3.3 **Service Delivery Structure and Management**

*Findings*
There are different models of employment and partnership, including volunteers, role extension, and direct recruitment and management within the NHS.
- 8 HTs (27%) undertake their HT role as a job extension.
- Most HTs are based in the NHS, with significant numbers in community and children’s centres.
- Most HTs work 16 hours per week.
- Most HTs have been in post over 9 months.

**Support for HTs**

*Outline findings include:*
- Dyslexia needs more support
- Most HTs have access to good support networks; very few do not.
- Some HTs would welcome more networking between HTs at shared training sessions.
3.4 Financial Resources
Findings:
- There are some instances where there is a discrepancy between the money allocations recorded by NESC and the sums available to the PCTs.
- There are other sources of funding, including the SHA/Hub.
- Little additional income is raised from external sources at present.

Participation and Sustainability of HT Service
Findings:
- 8 PCT and one DoH HT Service submit End of Year Reports, indicating varying stages of development and activity.
- 4 Responding HT services are considered to be sustainable, and expansion is planned and welcomed in some areas.
- There is some reconfiguration of existing services.

3.5 Impact and Outcomes
Findings:
- Signposting is seen as an “important aspect of the HT Role”.
- Alongside recognised health goals, HTs are providing wider support to clients, and ‘non-clients’.
- Key areas of activity are fitness; smoking cessation and weight management.

Recommendations:
- Increased support for mental health concerns would be welcome.
- Pharmacy checks are identified as a useful referral route in one area, and this could be extended.

Client Contact
Findings:
- HTs spend time signposting and building awareness about their roles
- Some data is service specific
- Client contact is varied, and that this is for a range of reasons

Behaviour Change
Findings:
- A range of behaviour change assessment processes are used, with goal setting being the most frequently stated, with an emphasis on a client-centred approach by the HTs.

National Data
Finding:
- A flexible and local approach enables schemes to collect additional relevant data.
- HTs collect data that is put onto the NDS by others.

3.6 Identified Good Practice
Finding:
Pilot project has become a regional and national model
The managers value the ‘extended role’ of the HT, supporting clients in a range of situations
The managers value the peer aspect of the HT/client relationship.

Recommendation: recognise and value the wide range of activities that the HTs undertake to improve health outcomes
Findings:
HTs value the working relationships that they have with other organisations, and with their clients.
HTs have a high level of commitment to their work
Specific examples of success illuminate the achievements of the HT service.
**Recommendation:** share good practice and practical examples of HT work

**Sharing Good Practice**
Finding:
Data indicates that HT build on existing local networks and provision
*Recommendation:* the HT network can identify useful provision and act as an advocate for this to be developed in other areas.

### 3.7 Areas for Improvement and Strengthening (Appendix C.1)

**Findings:**
Very few HT respondents indicated concerns.
Some HTs and managers have concerns related to the portfolios and accreditation
*Recommendation:* Share information and good practice to develop a consistent approach to portfolio development and accreditation.

**Recommendations for Future Development**
This data will be themed and analysed for the final report.

### 3.8 Emergent Factors

**Partnership Working**
**Extended Roles**
*Recommendation:* To consider the nature of the existing role to ensure that the HT role can make a ‘good fit’ with the way in which the worker currently engages with clients.

**HT Model**
A model for the analysis of HT programmes was developed by Visram and Drinkwater, which identified 4 categories of HT services
*Finding:* The model does not provide an accurate fit for most of the HT services.

### 4. Conclusions

**Limits of Interim Report**
**Data:** The data in this report is based mainly on 4 responding PCTs, including the Prison and Probation HT services linked to them. One other HT service sent two responses.

**Questionnaire Data not included:** This report has not included questionnaire data relating to the purpose and values of the HT service, as this requires theme analysis. The data relating to good practice, and other data also needs to be synthesised by theme analysis to be of use.

**Development of Initial Findings**
Some initial findings will be further explored in telephone interviews and via the case study data, including extended roles, partnership working, recruitment and working with hard to reach groups.

**Acknowledgements**
The responding services have generously offered their experience to benefit the wider HT service.