

**Manchester Community Health Trainers:
Learning from Experience for the Second
Recruitment Process
January 2007**

Executive Summary

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This report is a review of the early stages of the Health Trainer scheme in Manchester, and focuses on two issues in order to influence the next round of recruitment:

- the extent to which *'workless people from local communities'* were recruited
- what has been learnt so far from the Health Trainers scheme.

The findings are based upon evidence from:

- an examination of the recruitment processes, and a comparative analysis of the application forms for successful and unsuccessful applicants
- semi-structured interviews with the appointed Health Trainers and eight key stakeholders.

Initial achievements

The study also identified a number of the scheme's initial achievements, including:

- 17 Health Trainers started work in May 2006 and were still in post in December 2006, with the first Health Trainer moving on to a post within the type of career progression that the programme aspires to
- the first cohort had undertaken their training, and the process of obtaining formal training accreditation was underway
- a core team has been recruited
- placement supervisors have been identified and Health Trainers placed in projects
- the Health Trainers are working with clients, and their role is evolving
- whereas initially the scheme had struggled to find agencies willing to take on a Health Trainers, many agencies both inside and outside the NHS are now interested in having Health Trainers placed with them.

Main findings

- The scheme was very successful at recruiting people from local communities, especially from black and minority ethnic (BME) groups. However the majority of recruits were not workless, despite the fact that almost half of the applicants overall were unemployed. Most

stakeholders were keen to try and target more men in the next recruitment round, particularly young men and Afro-Caribbean men. Other suggested target groups included disabled people; older and younger people; and lesbian, gay, bisexual and transgender people.

Most of those recruited had recent experience in a personal services occupation, including care assistants, home carers, teaching assistants and child carers in the statutory, voluntary and private sectors. All of the recruits held formal qualifications, and just over a third were qualified to degree level.

- Stakeholders felt that the Health Trainers had a high level of support needs, some of which were associated with it being a new project and the nature of the work involved, as well as with the academic background of the recruits. There were mixed and strong opinions about whether minimum criteria should be introduced into the job description and person specification. This is an important decision as it could relate to significant differences about how stakeholders see the scheme developing.
- All of those interviewed were positive about both the application and interview stages. Overall stakeholders reported success in getting the scheme off the ground, which meant they had a greater understanding of the evolving Health Trainer role, the direction of the programme, and the qualities that they needed to look for in applicants in the next recruitment round.

However stakeholders did not have a shared vision about the future of the scheme, and this prompted concerns about its sustainability. Both of these issues need to be addressed as a matter of urgency.

- There was an in-depth exploration of stakeholders' views on the expectations of the national three-year programme: namely to recruit workless people who will gain accredited training and make a measurable impact within two-year contracts, after which they will progress to new careers. The evaluation concludes that these aims may be unrealistic.
- The Health Trainers are working in placement organisations. Placement supervisors have a great deal of experience in managing and supporting local people in new employment opportunities, and therefore have a good understanding of the issues involved in working with Health Trainers. This is a major asset to the scheme.

The current management/supervisory structure, with one overall Health Trainer manager and placement supervisors in each of the host sites, was generally thought to be unwieldy, however. Those most directly affected were open to a change in these arrangements.

- Stakeholders had different views about the speed at which the project should develop new areas of work. On the one hand, there was a feeling that it should consolidate and build on its initial successes; on the other, that it should respond to potential new placements in a range of agencies offering exciting opportunities to involve different communities e.g. with a football club or homeless people, or to base Health Trainers in health care settings.

Although good relations between Health Trainers and other health care workers had developed in certain areas, wider negative attitudes of some health professionals were perceived to be a major problem for the programme. Basing Health Trainers in health care settings was therefore seen to be potentially instrumental in breaking down professional barriers with other health workers.

- A perceived tension also became apparent between the Health Trainers' role as motivational interviewers, and the programme's initial focus on healthy eating and physical activity. A number of stakeholders found this focus frustrating, arguing that it was important to start with people's own concerns, particularly given the targeted client groups.
- Overall, the Health Trainers had similar views that the 'core' of the job would be about supporting communities and individuals to improve their health. However many of them said aspects of the role were very different from their initial expectations, and the importance of clarity in this context emerged as a key issue.

Notwithstanding this, the majority of Health Trainers were positive about their current role, and saw it as one that would enable them to develop their knowledge, skills and experience, and act as a 'stepping stone' into more advanced roles within the NHS or other health care organisations.

- Stakeholders felt that increasing clarity about the Health Trainer role would help to develop the credibility and effectiveness of the programme, as well as to tighten the recruitment process for new cohorts. This should include more specific information about the posts, and ensure that successful candidates *demonstrate* a range of relevant skills, experience and attitudes at the interview stage.

Recommendations

Recommendations to the steering group focused on building on the success of the scheme so far, and targeting a broadly similar group for the next recruitment process – while trying to attract more men, and possibly other groups, to the posts. It was recommended that good practice developed in the initial recruitment campaign, such as the open day and the additional support provided to applicants, should also be continued.

- The steering group should consider the advantages of placing new Health Trainers in the existing placement organisations, given their experience, skills, and commitment to the scheme. If new placements are identified, what criteria should be used to ensure they can offer the support that Health Trainers require? Consideration should also be given to whether there should be a minimum of two Health Trainers per placement, for peer support; and whether placement supervisors should manage the next cohort of Health Trainers.
- In terms of the Health Trainer role, the steering group should look at how to strengthen shared clarity about the role; the sustainability of the programme; and ways of developing greater understanding and positive working relationships between Health Trainers and other health professionals.
- The steering group should ensure that all aspects of the recruitment process are as accessible, participative and candidate-friendly as they were in the initial round. In order to do this they could: utilise and develop the existing routes into publicising with local communities; produce detailed information about the role – possibly including a DVD for the recruitment pack in which current Health Trainers describe their jobs; repeat the open day, involving the current Health Trainers to talk to potential candidates; provide additional support to applicants in a similar format to last year; consider whether to include minimum criteria for the post; review the job description, person specification and interviews to ensure that successful candidates demonstrate the range of issues identified by the stakeholders as pre-requisites for the job; ensure that interviewers meet prior to interviews, to foster a shared understanding of what they are looking for in the questions, and standardisation in the scoring; review who should be on the interview panels to improve ownership of the project; repeat the good practice of offering feedback to unsuccessful candidates; and produce a Health Trainer information booklet for new post-holders.

Further information

For further information about this evaluation, or for a copy of the full report, please contact:

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